



DEPARTMENT OF THE NAVY
NAVAL SCHOOL OF HEALTH SCIENCES
BETHESDA MARYLAND 20889-5611

IN REPLY REFER TO:
NSHSBETHINST 1520.1
0M21
18 Sep 00

NSHS BETHESDA INSTRUCTION 1520.1

From: Commanding Officer

Subj: NAVY MEDICAL CORPS CONTINUING MEDICAL EDUCATION (CME)
PROGRAM

Ref: (a) BUMEDINST 1520.34A

Encl: (1) Flow Chart for CME Activity Approval and Reporting
(2) Navy-Medical Corps CME Program Guidebook

1. Purpose. To provide policies, procedures, and information to implement the Navy Medical Corps Continuing Medical Education (CME) and American Medical Association (AMA) Physician's Recognition Award Program (PRA), that meet national accreditation standards. Enclosure (1) summarizes the CME program process.

2. Cancellation. HSETCINST 1520.1C

3. Background. The Chief, Bureau of Medicine and Surgery encourages professional growth by promoting an academic environment in the Navy Medical Department. Reference (a) directs NSHS to ensure that the Navy's requirements for a CME program are met. NSHS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Osteopathic Association (AOA) as an approved sponsor of the Navy Medical Corps CME Program. The goals and criteria for the CME program are based on the ACCME Essential areas, the AMA PRA booklet CME Guide and the AOA CME Quality Guidelines, all of which are delineated in enclosure (2).

4. Definitions.

a. CME. Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is that body of knowledge and skills generally

recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

b. ACCME. An independent accreditation body for institutions and organizations which provide CME for physicians.

c. CME Accreditation. The recognition accorded eligible institutions and organizations which meet the ACCME Essentials. The purpose of CME accreditation is to assure physicians and the public that CME activities meet accepted standards of education.

d. CME Activity. A coherent educational offering which is based upon defined needs, and explicit objectives, educational content, and methods.

e. CME Sponsor. An institution or organization assuming responsibility for CME.

f. CME Participant. A physician engaged in CME.

g. CME Program. The overall CME program of a sponsor consists of one or more educational activities consistent with the ACCME Essentials.

5. Responsibilities.

a. The Naval School Of Health Sciences (NSHS).

(1) Defines procedures for the submission, review and approval of CME activities.

(2) Publishes guidelines for Medical Department Facilities that request approval of CME activities.

(3) Maintains accreditation with the ACCME and the AOA.

(4) Assists Navy Medical Department activities to plan quality educational opportunities designed to increase competence and to help maintain the high standards of professional practice.

(5) Establishes and maintains a CME committee to guide the overall CME program. The Committee will meet at least

NSHSBETHINST 1520.1

quarterly and committee minutes will be maintained for at least six years. Committee membership is as follows:

- (a) Medical. Corps Officer (member)
- (b) NSHS CME Coordinator (member)
- (c) Medical Service Corps Officer with educational
(ad hoc)

(1) Documentation Review Form in enclosure :

- (a) Ensure compliance with ACCME requirements.
- (b) Inspect facilities, procedures, and records of CME providers (complete records of educational activity offerings will be audited by site visit or mail).
- (c) Identify strengths and weaknesses of CME activities.
- (d) Offer educational assistance where indicated.

b. The NSHS CME Department Head.

(1) Serves as the Medical Corps Officer designated as the subject-matter expert for the Medical Corps CME Program at NSHS. Appoints a Doctor of Osteopathy as the subject-matter expert for programs requesting AOA credit.

(2) Reviews and approves programs that meet the requirements of the ACCME.

(3) Reviews and approves programs that meet the quality standards defined by the AOA.

(4) Maintains a Quality Assessment/Improvement (QAI) mechanism to ensure compliance with the ACCME requirements.

(5) Evaluates individual activities and grants approval for a specified period, not to exceed 1-year, on the basis of organizer's demonstrated ability to plan and implement CME activities in accordance with the ACCME essential areas. Similarly, reviews and approves applications for activities requesting CME credits from AOA, in accordance with the guidelines and their elements of the AOA.

(6) Assigns each activity a number for all future reference and correspondence.

(7) Determines CME Credit based on the formula of one credit for each hour (60 minutes) of education activity. (In no case, will CME credit be granted for coffee breaks, social functions, or time allotted to business or administrative matters.)

(8) Provides written confirmation of approval granted when all essentials or all quality standards are satisfied and comply with ACCME, AMA, and AOA regulations.

(9) Grants the following levels of approval:

(a) Unconditional Approval

(b) Conditional Approval (with minor discrepancies)

(c) Disapproval with Major Discrepancies. If the application does not meet the requirements of NSHS, or arrives in less than the requested 8 weeks lead time, the activity may be disapproved because of noncompliance. Each disapproval will be based on major noncompliance and will be treated on a case-by-case basis. In the event of disapproval, sponsors are encouraged to reapply when the discrepancies are corrected.

(10) Maintains all CME files for 6 years. The file for each approved activity must contain the following:

(a) A complete copy of the original and renewal applications

(b) Correspondence with the local medical department facility

(c) Regular reports and notification of changes

(d) Requests for cancellation

(e) Quality assurance reports

(11) Performs internal quality assurance review of the following:

(a) Applications compliance with Navy, ACCME, and AOA requirements

(b) Status of correspondence

(c) Activities disapproved for CME credit

(d) Administrative and management methods and communication with local medical facilities

(e) Length of time for review process of application requests

c. Navy Medical Facilities.

(1) Establish a CME program within their command.

(2) Submit CME Activity Application Packages to NSHS.

(3) Implement updated CME, ACCME and the AOA policies and procedures provided at the annual NSHS CME meeting with providers.

(4) Implement a QAI mechanism for their CME program.

(5) Comply with the following reporting requirements on pages 52 and 53.

(a) Submit to NSHS a report for each activity containing the original title and the NSHS assigned number, a list of topics presented, speaker's names and a brief summary of the participants' evaluations. A single report, covering two or more activities, is unacceptable. (See sample forms in enclosure (2).

(b) Submit reports for CME activities offered on a continuous basis and approved for 1 year (e.g., daily, weekly,

etc.) semi-annually to arrive at NSHS no later than 30 days after the end of a 6-month period (e.g., an activity report covering 01 January through 30 June is due by 30 July).

(c) Submit reports for activities offered on a one-time basis separately within 30 days following completion of the activity.

(d) Submit annual budget data to NSHS no later than 15 December.

(5) Maintain file copies of all applications (originals and renewals) and all correspondence pertinent to CME for 6 years. Records for each educational activity offering must include the following:

(a) Planning timetable

(b) Planning meeting minutes or other documentation for this CME activity which identify needs, development of objectives and educational strategies, selection of faculty, etc

(c) Copies of promotional material

(d) Printed schedule of activities to include specific topics, explicit objectives, and date and time period

(e) Sample of handout materials

(f) Participant list

(g) Sample of each evaluation form and a summary of evaluation results from the meeting

d. Command Education and Training Department (where one exists). Assists all clinical departments in the following ways:

(1) Reviews all CME activity proposals for compliance with NSHS requirements.

(2) Serves as liaison with NSHS for all command CME activities.

(3) Ensures dissemination of information concerning Navy Department policy on CME programs.

(4) Develops a **QAI mechanism** for CME Activities. The **QAI** plan should be integrated with the local **MTF's** QAI program and be developed in conjunction with others responsible for **CME** to ensure that the activities offered meet their stated objectives. An acceptable QAI Program:

(a) Is written and clearly delineates the lines of authority and accountability.

(b) Monitors the quality and appropriateness of educational activities at the local hospital.

(c) Assesses the impact and effectiveness of educational endeavors and identified opportunities for improvement.

(d) Includes periodic evaluation of the data relating to significant components of the education department and documents conclusions, recommendations and actions.

(e) Is evaluated annually for renewal applications.

e. Clinical Departments.

(1) Conduct approved CME activities.

(2) Coordinate the preparation of the CME activity requests with CME Activity Directors to ensure compliance with requirements established by NSHS.

(3) Distribute, collect and analyze evaluation forms for each CME activity.

(4) Prepare the 6-month report for NSHS.

(5) Maintain files on all CME activities.

(6) Document participation in CME activities.

(7) Complete the statements of participation signed by the Activity Director.

(8) In the absence of a local education and training department, serve as a liaison with NSHS for all command **CME** activities.

(9) Operational units can group physicians in a manner consistent with their circumstances and act as a clinical department for purposes of attaining **CME** credits. They may liaison directly with NSHS for CME purposes;

f. Activity Director.

(1) Is responsible for the content and conduct of the **CME** activity.

(2) Coordinates all administrative functions with the managers of the CME program in the respective Specialty Department(s).

(3) Issues certificates of completion to attendees.

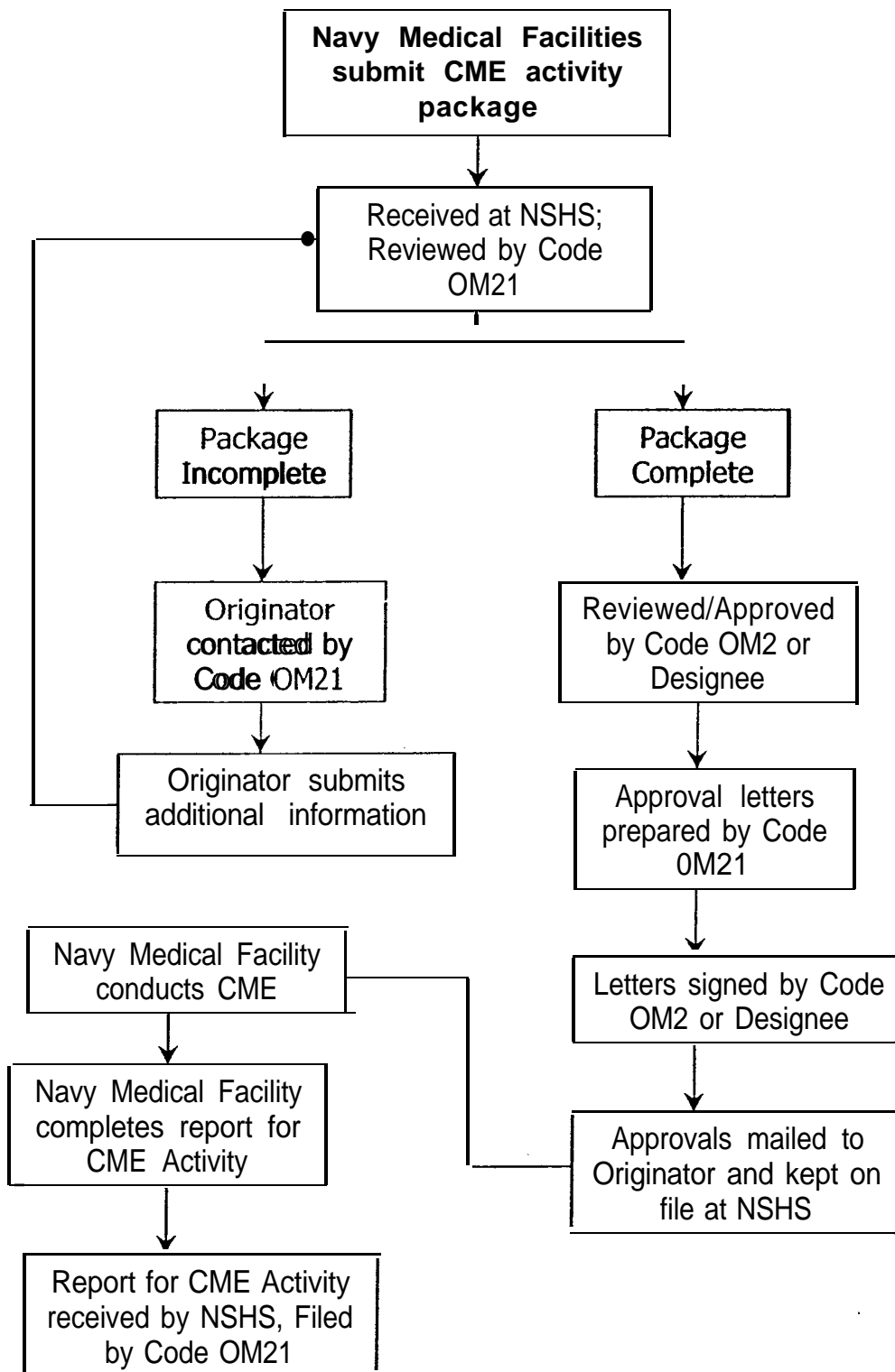
(4) Summarizes student evaluations of one activity into a single composite report form.

6. The Navy Medical Corps Continuing Medical Education Guidebook, enclosure (2) serves as the guide for developing, managing, and administering CME courses for Navy physicians. The guidebook provides specific requirements, detailed instructions, formats, and samples.


D. A. WYNKOOP

Distribution:
List III

FLOW CHART FOR CME ACTIVITY APPROVAL AND REPORTING



**NAVY MEDICAL CORPS
CONTINUING MEDICAL EDUCATION
GUIDEBOOK**

NAVAL SCHOOL OF HEALTH SCIENCES

NSHS INSTRUCTION 1520.1

THE NAVY MEDICAL CORPS CONTINUING MEDICAL EDUCATION GUIDEBOOK

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CME Mission Statement

U.S. Navy Physicians practice in a complex health care environment ranging from sophisticated tertiary care facilities to minimum capability Fleet support activities. The mission of the CME Department of the Naval School of Health Sciences (NSHS) is to facilitate the continuous learning process that keeps these physicians professionally current despite variability in access to contemporary technologies and scientific arenas.. Our physicians must be prepared to meet the demands of the Navy and Marine Corps fighting forces, retirees, recruits, newborn babies, and family members, as well as unique populations such as the Aviation and Submarine communities, shipboard populations, and refugees. In addition, we require that they maintain licensure and board certification, both of which require core continuing medical education.

The CME Department at NSHS serves as the central administrator for the Navy-wide Continuing Medical Education Program, and accomplishes this mission by sponsoring educational activities throughout the world. These CME activities serve to maintain, develop or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. These CME activities encompass the entire spectrum of Navy Medicine. Combat Casualty Care, administrative and environmental health issues, updates on technology and anti-infective agents, ethics and managed care, cultural and humanitarian missions, and even well-baby care are a few of the topics included in the broad scope of this program, offered locally at the various Navy medical facilities world-wide.

The CME directors from as many of these facilities as possible meet with the NSHS CME Department in Northern Virginia annually to review the previous year's offerings, to discuss planning for the future and to undergo training in the elements of the essentials for CME. The NSHS CME Department prior to sponsorship reviews each CME offering for approval. In this way, a closely-knit organization is maintained despite huge geographic separations, and NSHS is able to take part in the planning of each meeting or seminar.

CME programs sponsored by NSHS do not receive commercial support, and are not jointly sponsored. Each of our contributing Commands utilizes internal budgeted resources to provide their CME offerings, allowing us to maintain a commercially independent educational agenda.

Through continuing education, the U.S. Navy Medical Department is best able to accomplish its mission of maintaining the readiness of our nation's maritime forces.

**THE NAVY MEDICAL CORPS
CONTINUING MEDICAL EDUCATION
GUIDEBOOK**

INTRODUCTION

The Chief, Bureau of Medicine and Surgery has dedicated the **Navy** Medical Department to the promotion of continued medical professional growth by encouraging the generation of an academic environment at Navy Medical Department Activities.

NSHS strongly supports the provision of locally generated continuing medical education programs for all Navy Medical Corps personnel. These programs include activities such as in-house planned lecture series, seminars, symposia, continuing medical readiness training, etc. NSHS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) for awarding American Medical Association (AMA)/Physicians' Recognition Award (PRA) Category 1 and Category 2 designation to continuing medical education activities for physicians. Similarly, NSHS is recognized by the American Osteopathic Association (AOA) as a Category 1-A sponsor of continuing medical education for Doctors of Osteopathy. For CME activities approved by NSHS in accordance with the instruction, NSHS is the only accredited sponsor. Individual Naval Medical Facilities are not accredited sponsors.

The importance of meaningful continuing medical education for Navy Medical Corps officers cannot be underestimated. However, the educational value of a program should not be confused with the category of credit awarded. The planning and documentation requirements for receiving Category 1 credit are significant. CME staff, in conjunction with established education or planning committees, are encouraged to evaluate the needs of the facility's staff and the appropriateness of Category 2 credit prior to expending resources on developing Category 1 activities. The use of Category 1 procedures may be more appropriate for multi-hour activities or standardized programs such as continuing medical readiness training_

The Navy Medical Corps Continuing Medical Education (CME) Program Guidebook has been revised and reorganized to provide CME application package requirements, guidance, forms and samples in this order for AMA and AOA CME. The Guidebook next explains Navy CME Programs reporting requirements and the AMA and AOA CME requirements for physicians. It contains concise

direction for writing, managing and administering CME -activities for Navy physicians.

Address questions concerning the Navy CME program to NSHS, Code OM21, Medical Corps Professional Programs. The telephone number is DSN 295-0649 or commercial (301) 295-0649, FAX (301) 295-6113.

I. APPLICATION PROCESS FOR CME FOR DOCTORS OF MEDICINE (MD)

A. OVERVIEW

The broad definition of CME includes all educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. For example, an activity in management would be appropriate for a physician who is responsible for managing a health care facility, and an activity in educational methodology is appropriate for a physician teaching in a medical school. However, all educational activities, even though they may be interesting to physicians, are not necessarily continuing medical education.

These include such activities as personal financial planning, appreciation of literature or music or parent effectiveness. The focus of the course must be directed toward the professional growth and practice of the physician. Category 1 CME Activities must be planned in advance and they must include objectives that describe a knowledge level or specific skill to be attained by the participant. Category 2 CME Activities are activities verified by the physician participant which do not qualify for and are not designated Category 1 credit. (The AMA/PRA Booklet describes both categories in more depth. See section IV.1.,)

B. CME ACTIVITY APPLICATION PACKAGE CONTENTS - MD

1. Each CME Activity Application must include the following:

- a. Command Endorsement
- b. CME Application Form
- c. Activity Director Curriculum Vitae (CV)
- d. Privacy Act Statement
- e. CME Activity Evaluation Form
- f. Activity Schedule
- g. Promotional Materials

2. Application Guidance.

a: Each proposed CME activity must be submitted as a separate application.

b. No activity can be approved for more than one year.

c. Renewals of ongoing CME activities must contain the information provided in your previously approved package.

d. Curriculum Vitae and Privacy Act Statements must be updated every four years or upon change of Activity Director.

e. NSHS cannot grant retroactive approval. In order to ensure proper review, communication, and the best possible service to the applicants, all applications must reach NSHS no less than eight weeks prior to the start date of the activity.

f. All applications will be signed by the CME Activity Director, reviewed by the staff of the Education and Training Department at the Naval Medical Facility and endorsed by the CO/OIC.

g. Category 2 activities may not require approval by an accredited sponsor, i.e., NSHS, unless promotional materials are disseminated outside the immediate institution (Naval Medical Facility or a group of physicians assigned to an operational command). Therefore, do not submit a CME Category 2 activity application to NSHS unless the activity is advertised and offered to individuals outside the immediate Navy group.

C. INSTRUCTIONS FOR COMPLETING CME ACTIVITY APPLICATION - MD

1. Activity Title: Use a title that describes the activity that is being planned.

2. NSHS CME Activity Number: Only NSHS is authorized to assign a CME activity number. If an application is a renewal, NSHS has already assigned a CME activity number and it is very important to include this number on all renewal applications. If this is a new CME activity leave this blank.

3. Dates of the CME Activity: State the actual starting and ending dates of the CME activity. Approvals cannot be granted for more than 365 days.

4. Frequency of Offering: Complete the appropriate box.

5. Number of CME Category 1 Credit Hours Requested: Credit hours are awarded on the basis of the actual amount of the time spent in the learning situation. Each credit hour is defined as 60 minutes. Breaks and mealtimes must not be included.

6. Activity Director(s): The activity director(s) must be a physician (Military or civilian) who is responsible for the content and overall administration of the activity.

7. Activity Coordinators(s): The Activity Coordinator assists the Activity Director in the overall administration of the CME activity, e.g., preparing reports, requesting activity renewals, and maintaining all documents for six years (This position is optional and need not be a physician).

8. Needs Assessment: A needs assessment is the process of identifying a need for a particular knowledge and/or skill. For example, a group of physicians have a knowledge deficit that is repeatedly resulting in less than optimal quality of medical care. For example, there may be a high complication rate among patients having cholecystectomy using endoscopy and this is attributed to insufficient knowledge of this new technique. The need for this knowledge may have been uncovered by a physician questionnaire or may have resulted from quality assessment/improvement (QAI) activities, medical advances, etc. An acceptable needs assessment is one that determines specific knowledge deficits or opportunities. An inadequate needs assessment is one that is too broad and does not cite a specific need. Generally, needs assessment is approached as follows:

- a. Identifying a problem or an opportunity
- b. Deciding to respond to the problem or opportunity
- c. Involving others
- d. Determining data collection strategy
- e. Collecting the data
- f. Analyzing the data

g. Implementing the findings

Indicate on the application how the needs were identified by checking the applicable box(es) and writing a brief statement.

9. Goals: CME Activity goals pertain to what the activity organizers want to accomplish in the subject activity. A goal defines the purpose, format, etc. of the activity. CME activity goals are useful to the presenter in choosing the most appropriate teaching methods and in developing learning objectives for each topic. An example is "to teach recently developed cholecystectomy surgical techniques".

10. Learning Objectives: Learning objectives state what the presenter expects the participants to know or be able to do at the conclusion of the learning activity. The objectives are written by the activity director(s) and the presenter(s). The exact number of objectives should be consistent with the content, format, length of time and scope of the CME activity. Learning objectives must relate to the needs that were identified in the needs assessment. There must be a corresponding learning objective for each topic presented.

a. Examples of terms used as a basis for stating learning objectives are

to apply	to distinguish	to predict
to arrange	to employ	to prepare
to assess	to evaluate	to recall
to categorize	to explain	to recognize
to classify	to formulate	to relate
to construct	to identify	to report
to contrast	to illustrate	to restate
to create	to integrate	to review
to defend	to interpret	to solve
to describe	to list	to sort
to diagram	to name	to translate
to discriminate	to organize	to use

b. The steps in developing a learning objective are:

(1) Start with an action verb that describes a specific behavior or activity that you want the participant to be able to do. Examples are as follows:

Name	Describe	Explain
Identify	Compare	Perform

(2) Follow the action verb with the content reference that describes the subject being studied. Learning objectives must be stated in behaviorally measurable terms. Examples are as follows:

(a) Name three elements in the management of perennial rhinitis.

(b) Identify psycho-social factors important in the development of the child abuse syndrome.

(c) Explain dangers of using hexachlorophene in skin prophylaxis in the newborn.

(d) Describe the sequence of clinical events in Reye's Syndrome.

(e) Perform CPR correctly.

(3) If the objectives lend themselves to quantification, a performance standard may be added. An example: Students will correctly perform CPR 100% of the time.

11. Target Audience: Specify the group(s) for whom the activity is intended.

12. Instructional Methods and Activity Content: The activity content is one of the critical quality standards of the application package. The activity content, in the form of a program or activity outline, should list the faculty/instructors (title, professional degrees, affiliation), titles of their presentations and time allotted for each speaker. Time for summation remarks should also be included. The content should be logically developed and based on the completed needs assessment, activity goals and learning objectives. In addition to enclosing a complete schedule, indicate on the application which instructional method(s) and audio/visual materials will be used.

13. Method of Evaluation: Evaluation refers to determining the effectiveness of the presentation format and assessing the participants' success in learning the objectives.

Every learning objective must be evaluated. Sample evaluation forms are found on page 18 and page 38.

14. Commercial Support: The ACCME and the AOA have established standards for accepting commercial support, but they are not as strict as the Navy guidelines for such support (see section VI, for references). Commercial support can be financial or otherwise, e.g., 35mm slides provided by proprietary companies, meals, etc. Indicate on the application that the proposed activity will, or will not receive this support. If the activity will receive this support, you must indicate that it meets all of the ACCME or AOA and Navy requirements.

15. Responsibility Statement: The Responsibility Statement displayed on the **blank** application form must be signed by the Activity Director.

16. Enclosures:

a. The CV and Privacy Act Statement for each CME activity director must be submitted to NSHS. A sample Privacy Act Statement is located on page 17. (Note: CV and Privacy Act statements for each of the faculty/instructors are NOT to be forwarded to NSHS, however, they must be retained at your facility for six years.)

b. An Evaluation Form sample is found on page 18. Have the participants complete it at the end of each session as follows:

(1) For one-time offerings, request all participants to complete the form.

(2) For monthly offerings, have one half of the participants complete the form.

(3) For bimonthly offerings, and weekly sessions, randomly select several participants to complete the form.

c. The Activity Schedule should list the faculty/instructors, their titles, professional degrees, affiliations, title of their presentation(s), the date and time allotted for each presentation. Time allotted for summation

remarks should also be included also. (A sample form for your use is included.)

d. Promotional course material: Local flyers, etc. must state the course objectives, intended learning outcomes and the appropriate designation statement for Category 1 or 2.

(1) Category 1 promotional material must be approved by an accredited sponsor. Accredited Category 2 promotional material also must be approved by an accredited sponsor. (NSHS is the accredited sponsor. Your local command is not.) Approved Designation Statements are as follows:

(a) Designation Statement for **AMA/PRA**
Category 1 Activities and Materials. The Naval School of Health Sciences designates this continuing medical education activity for () credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

(b) Designation Statement for **AMA/PRA**
Category 1 Meetings with Concurrent Sessions. The Naval School of Health Sciences designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One Credit hour may be claimed for each hour of participation.

(c) Designation Statement for **AMA/PRA**
Category 2 education. The Naval School of Health Sciences designates this continuing medical education activity for () credit hours in Category 2 of the Physician's Recognition Award of the American medical Association.

(2) In addition to the category designation above, all promotional material must display the ACCME accreditation statement as follows:

(a) The Naval School of Health Sciences is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

(b) These statements must be included on all promotional material and completion certificates.

17. Local Review: The completed CME application should be reviewed by the Head, Staff Education and Training Department

or designee for completeness and accuracy before forwarding to the Commanding Officer/Officer In Charge.

18. Endorsement: The Commanding Officer/Officer In Charge must endorse the completed and reviewed CME application package before forwarding to NSHS. By direction authority is sufficient. See the sample endorsement on page 21.

D. **CME APPLICATION FORMS - MD**

The following pages contain blank CME application forms and sample completed forms:

Endorsement Format

SSIC
Code
Date

First ENDORSEMENT on

From:

To: Commanding Officer, Naval School of Health Sciences
(Code OM21)

Subj: APPLICATION FOR REVIEW AND CERTIFICATION
(RECERTIFICATION) APPROVAL OF A CONTINUING MEDICAL
EDUCATION (CME) ACTIVITY

Encl: (1) CME application from _____ Department

1. Enclosure

(1), "_____ " is submitted
for consideration for CME Category 1 credit.

2. Our point of contact is _____ who
may be reached at DSN: _____ or commercial
_____.

By direction

SSIC
Code
Date

CONTINUING MEDICAL EDUCATION APPLICATION BLANK FORM - MD

From:

(Name of Physician CME Activity Director)

To: Commanding Officer, Naval School of Health Sciences,
(Code OM21), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611

Via: Commanding Officer/
Officer in Charge (Medical Department Facility)

Subj: APPLICATION FOR REVIEW AND CERTIFICATION/APPROVAL OF A
CONTINUING MEDICAL EDUCATION (CME) ACTIVITY

- Encl: (1) Activity Director(s) Curriculum Vitae (CV) and
Privacy Act Statement
(2) Evaluation Form
(3) Activity Schedule (Speaker(s), Topic(s),
Objectives(s) and Date(s)
(4) Copies of Promotional Materials

1. In accordance with the AMA objectives for CME, the following application is submitted for review and designation of Category 1 credit:

a. TITLE OF ACTIVITY: (Course Name)

b. NSHS ACTIVITY NUMBER: (Enter the NSHS assigned activity number if previously approved)

c. BEGINNING DATE: (please enter YYMMDD)

ENDING DATE: (No activity can be approved for more than one year)

- d. FREQUENCY OF OFFERING:
- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> One Time offering | <input type="checkbox"/> Biweekly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | <input type="checkbox"/> Biannual |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Bimonthly | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Other: <u></u> | | |

e. NUMBER OF CREDIT HOURS REQUESTED:

f. ACTIVITY DIRECTOR(S): (Must be Same Physician)

Name/rank/designator:

Title of Position:

Phone Number:

g. ACTIVITY COORDINATOR(S):

Name/Rank/Designator:

Title of Position:

Phone Number:

h. NEEDS ASSESSMENT: (Describe, by writing a brief statement, how the educational needs of the target audience were identified. Select one or more)

☐ 1 Quality Assurance Meeting

☐ 1 Patient Care Review/Audit

☐ 1 Survey Self Assessment

☐ 1 Peer Review

☐ 1 Scientific/Medical Advances

☐ 1 Mortality/Morbidity Statistics

☐ 3 Other:

i. GOALS: (State the overall goals of the CME activity)

j. LEARNING OBJECTIVES: (State the specific learning objective(s) for each subject or topic. These are statements about what a participant is expected to learn and/or be able to perform after the presentation. State objectives for each speaker. NOTE: The learning objectives(s) are to be presented along with the topic and speaker on the CME Activity Schedule form, a sample of which is found in section I.B., page 9 (Do not write them here).

k. TARGET AUDIENCE: (Check **all** appropriate boxes)

☐ Anesthesiologists

☐ Neurologists

☐ Cardio/Thoracic Surgeons

☐ Orthopedic

☐ Family Practitioners

☐ Surgeons

☐ General Surgeons

☐ Psychiatrists

☐ Internists

☐ Others (please type or print this option)

1. INSTRUCTIONAL METHODS: (Check all appropriate boxes)

☐ Lecture

☐ 1 Grand Rounds

☐ Workshop ☐ Small Group
☐ Panel Discussion ☐ Live Patients with Moderator
☐ Teleconferencing ☐ Other: _____

Audio/Visual Materials (Check *all* appropriate boxes)

☐ Audiotapes/Videotapes ☐ Slides
☐ Computer Assisted ☐ Films Instruction
☐ Medical Periodicals ☐ Other: _____
☐ Overhead Projector

m. ACTIVITY CONTENT/SCHEDULE OR PROGRAM: Attach a copy of the activity schedule. A sample Activity Schedule is included.

n. METHOD OF EVALUATION: **(Attach a copy of the evaluation form that will be used to determine the effectiveness of the activity.)**

o. **STANDARDS FOR COMMERCIAL SUPPORT FOR CME:** This CME activity will/will not (circle one) receive financial or other support from commercial organizations. I certify that the commercial support meets all the requirements in "Standards for Commercial support of Continuing Medical education" in section III. B., and applicable Navy policy. If this activity receives commercial support, review by a JAG officer is strongly recommended.

2. RESPONSIBILITY STATEMENT: _____,
(name of your command)
accepts the responsibility of documenting activity objectives, attendance rosters, summary report of participants' evaluations, speaker CV's individual participation and awarding of certificates or statements of participation by the activity director. The above documentation must be maintained for six years.

Signed by Activity **Director**

Privacy Act Statement

The -Following statement is required by the Privacy Act of 1974 (Public Law 93-579). Include it with the Activity Director CV.

The information you provided in the biographical section of the CME application will be used to:

1. Review the CME application for approval by the Naval School of Health Sciences,
2. Maintain a file on personnel involved in CME for physicians,
3. Prepare publicity regarding CME activities, and
4. Maintain American Medical Association and American Osteopathic Association accreditation of the Navy Medical Corps CME program.

You are not required to provide the information requested. However, failure to do so could result in disapproval of the submitted CME application.

Please sign below to acknowledge that this statement has been read and attach it to your curriculum vitae.

Signature

(Rank/SSN/Designator)

Date

Activity Evaluation Form

CME ACTIVITY CRITIQUE FORM

(AMA CATEGORY 1)

Please complete this evaluation form. Your constructive feedback will assist with the assessment of the CME program at (insert medical facility's title)

TITLE OF ACTIVITY:

NSHS ACTIVITY NUMBER:

DATE AND TIME OF SESSION:

INDICATE NUMBER OF AMA CATEGORY 1 HOURS ISSUED:

Please rate the day's program using the numerical value below:

1= POOR 2= FAIR 3= AVERAGE 4= VERY GOOD 5= OUTSTANDING

CONTENT: Appropriateness of topic for your educational needs.[]

PRESENTATION: Well organized?.....[]

SPEAKER: Presented topic effectively?.....[]

PRACTICALITY: Value of the topic to your daily practice?....[]

FACILITIES: Satisfactory?.....[]

EFFECTIVENESS OF LEARNING AIDS USED: Audio/Visual materials and handouts?.....[]

OBJECTIVES: How well did the material presented meet the objectives of the activity?.....[]

Objective 1.....[]

Objective 2.....[]

Objective 3.....[]

OVERALL impression of program?.....[]

ADDITIONAL TOPICS YOU WOULD LIKE IN THE FUTURE:

SPECIFIC COMMENTS, SUGGESTIONS OFFERED:

Name (Optional)

Awardina Certificate Format

DATE:

From: Activity Director

To: Participant

Subj: CONTINUING MEDICAL EDUCATION CERTIFICATION

1. This is to certify that (name of physician) _____ has participated in the (title of the **CME** activity) held (date) _____ and is eligible for _____ hours of American Medical Association (AMA) or American Osteopathic Association (AOA) Category 1 credit through the Naval School of Health Sciences (please circle AMA or AOA as appropriate).

2. The Naval School of Health Sciences is accredited by the Accreditation Council for Continuing Medical Education to approve continuing medical education for physicians, and certifies that this continuing medical education activity meets the criteria for Category 1 of the Physician's Recognition Award of the American Medical Association. Additionally, the Naval School of Health Sciences is an authorized sponsor of the AOA and is approved to sponsor Category 1 Continuing Medical Education credits.

Signed by Activity Director

First Endorsement Sample - (MD)

1520
Ser 00/0025
15 Jan 98

FIRST ENDORSEMENT on NH Great Lakes ltr 1520 Code 018 of
12 Jan 98

From: Commanding Officer, Naval Hospital Great Lakes
To: Commanding Officer, Naval School of Health Sciences
(Code OM21)

Subj: APPLICATION FOR REVIEW **AND** CERTIFICATION
(RECERTIFICATION) APPROVAL OF A CONTINUING MEDICAL
EDUCATION (**CME**) ACTIVITY

Encl: (1) CME application from ENT Department

1. Enclosure (1), "Approach to Allergic Rhinitis" is forwarded
for consideration for CME Category 1 credit.

2. Our point of contact is LCDR Jones, who may be reached at
DSN: 000-9999 or commercial (111) 123-9999.

B. JONES
By direction

CME Application Sample Completed Form - (MD)

1520

Code 018

12 Jan 98

From: LCDR Yvonne Sams, MC, USNR
To: Commanding Officer, Naval School of Health Sciences
(Code OM21), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
Via: Commanding Officer, Naval Hospital, Great Lakes
Subj: APPLICATION FOR REVIEW AND CERTIFICATION APPROVAL OF A
CONTINUING MEDICAL EDUCATION (CME) ACTIVITY
Encl: (1) Activity Director's Curriculum Vitae and Privacy Act
Statement
(2) Activity Schedule (Speaker, Topic, Objectives and
Dates)
(3) Evaluation Form
(4) Copies of Promotional Materials

1. In accordance with the AMA objectives for CME, the following application is submitted for review and designation of Category 1 credit:

- a. TITLE OF ACTIVITY: Approach to Allergic Rhinitis
- b. NSHS ACTIVITY NUMBER: 1234-99
- c. BEGINNING ACTIVITY: 15 Mar 99
ENDING DATE: 16 Mar 99
- d. FREQUENCY OF OFFERING: ☒ Annual Offering
- e. NUMBER OF CREDIT HOURS REQUESTED: 03
- f. ACTIVITY DIRECTOR:
LCDR YVONNE SAMS, MC
HEAD OF ENT CLINIC
DSN: 000-1234 COMM: (111) 123-5555
- g. ACTIVITY COORDINATOR:
LCDR BRIAN JONES, NC
HEAD OF EDUCATION AND TRAINING
DSN: 000-9999 COMM: (111) 123-9999

h. NEEDS ASSESSMENT: ☒ Scientific/Medical Advances
☐ Peer Review
☒ Mortality/Morbidity Statistics

i. GOALS: Upon completion of this class, participants will be able to state symptoms of allergic rhinitis, determine appropriate use of laboratory tests, and state reasons for use of sodium cromolyn.

j. LEARNING OBJECTIVES: See enclosure (2).

k. TARGET AUDIENCE: ☒ Family Practitioners/General Practitioners

1. INSTRUCTIONAL METHODS: [X] Lecture [XJ Small Group
 [XJ Audiotapes/Videotapes
 [X] Medical Periodicals

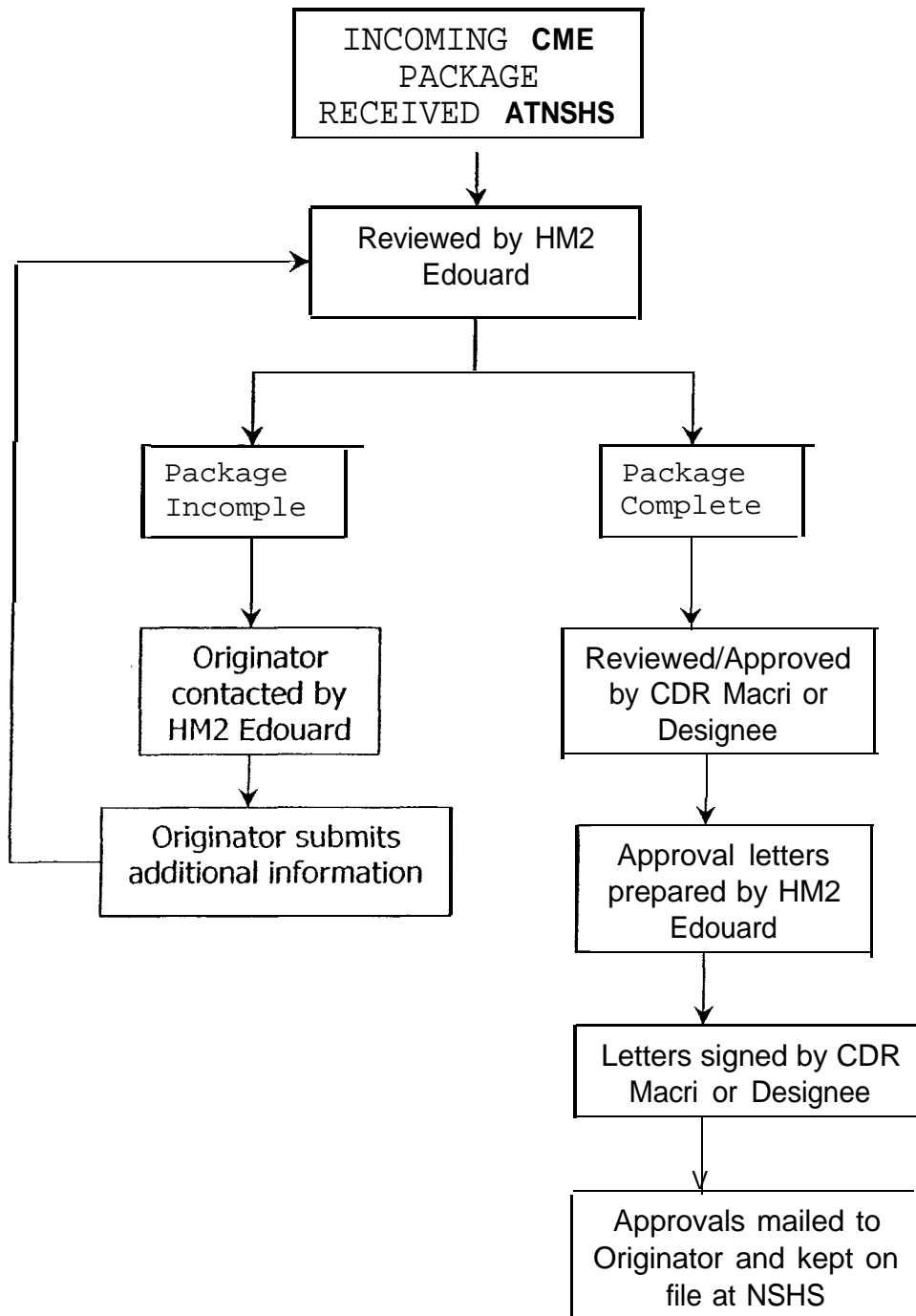
m. METHOD OF EVALUATION: Enclosure (3), is a blank evaluation form that will be used. Additionally, an open question/answer session will be held.

n. STANDARDS FOR COMMERCIAL SUPPORT FOR CME: This CME activity will/will not receive financial or other support from commercial organizations.

2. RESPONSIBILITY STATEMENT: Naval Hospital Great Lakes accepts the responsibility of documented activity objectives, attendance rosters, individual evaluation (with summarization report), speaker's CV, individual participation by the activity director. The above documentation must be maintained for six years.

Signed by Activity Director

FLOW CHART FOR CME PACKAGES



SAMPLE (MD)

OFFERING APPROVAL DOCUMENTATION FORM
TITLE OF OFFERING: HIV UPDATE

OBJECTIVES <i>(List objectives in operational or behavioral terms)</i>	CONTENT (TOPICS) <i>(List each topic to be covered and provide a description/outline of the content to be presented)</i>	TIME FRAME <i>(State the time frame for the topic)</i>	FACULTY <i>(List the faculty person or presenter for each topic)</i>	TEACHING METHOD <i>(Describe the teaching method(s) used for each)</i>
<p>Identify high risk groups and statistics.</p> <p>Identify the pathogen causing HIV infection.</p> <p>List four modes of transmission of the HIV/AIDS virus.</p> <p>List at least two tests used to diagnose HIV infection.</p> <p>Describe the "Window" period.</p>	<ol style="list-style-type: none"> List & discuss the latest trends & statistics in HIV/AIDS Discuss high risk groups and how this has changed since the discovery of this disease HIV infection <ol style="list-style-type: none"> Causative agent Pathophysiology of the infectious process and the effect on the host immune system Modes of transmission <ul style="list-style-type: none"> -Blood/blood products -Sperm/vaginal secretions -Breast milk & in utero transmission Testing <ol style="list-style-type: none"> ELISA, Western Blot, other Implications <ul style="list-style-type: none"> -Negative – window -Positive 	40 minutes	Mrs. Gladden	Lecture series

SAMPLE (MD) OFFERING APPROVAL DOCUMENTATION FORM TITLE OF OFFERING: <u>HIV UPDATE</u>				
List strategies for prevention of HIV in personal and work environments.	5. Prevention a. Individual (safer sex, avoiding IV drug use) b. Infection control (OSHA standards) c. Universal precautions	20 minutes	Ms. Wood	Lecture series
Identify the signs and symptoms of HIV infection. Discuss the management objectives of the AIDS client. Identify three pharmaceutical therapies utilized in the treatment of HIV/AIDS.	6. Disease Stages a. Asymptomatic HIV b. Symptomatic HIV c. AIDS d. Clinical management 7. Monitoring, drug therapy, & support services	30 minutes	Roger Moore MD	Lecture/Slides
List three components of Florida law related to HIV testing and HIV clients	8. Florida law and its applications a. Confidentiality b. Pre/Post test counseling c. Informed Consent d. Public Health e. Employees	30 minutes	Ms. Gladden	Lecture/Slides

Promotional Material Sample - (MD)

NAVAL HOSPITAL GREAT LAKES ENT DEPARTMENT CME CONFERENCE

TOPIC: APPROACH TO ALLERGIC RHINITIS

SPEAKER: LCDR YVONNE SAMS, MC, USN
Assistant Director of Pulmonology
Attending Physician, Allergy,
Immunology and Rheumatology
Naval Hospital Great Lakes

LOCATION: Naval Hospital, Internal Medicine Conference Room

OBJECTIVE: To learn the current treatments of allergic rhinitis

Date: March 15, 1999

Time: 1200- 1500

The Naval School of Health Sciences (NSHS) Bethesda is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to approve continuing medical education for physician's_ NSHS designates this continuing medical education activity for 2.5 hours, Category 1 of the Physician's Recognition Award of the American Medical Association.

OBSTETRICS AND GYNECOLOGY GRAND ROUNDS

HORMONE REPLACEMENT THERAPY*

DR. BRAD MILLER, MD

LCDR, MC, USNR

HEAD IVF PROGRAM

NATIONAL CAPITAL REGION

20 APR 00

RM 1022, BLDG. 10, NNMCMC

0800-0900

Objective? To discuss the latest advances in selective estrogen receptor modulators and their impact on planning hormone replacement therapy.

*The Naval School of Health Sciences (NSHS) Bethesda designates this a continuing medical education activity. Participants will receive one credit per hour of Category 1 of the Physician's Recognition Award of the American medical Association. NSHS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to approve continuing medical education for physicians.

II. APPLICATION PROCESS FOR DOCTORS OF OSTEOPATHY -- (DO)

A. OVERVIEW

1. The Committee on Continuing Medical Education of the American Osteopathic Association (AOA) was established June 1, 1973 and presented the following definition for CME: "The basic objectives of continuing medical education are the growth of knowledge, the refinement of skills, and the deepening of understanding. The ultimate goals of continuing medical education are continued excellence of patient care and improving the health and well-being of the individual patient and the public."

2. Pertinent information regarding AOA membership requirements can be found in the copy of the AOA CME guide.

3. The AOA has adopted the Uniform Guidelines for Accrediting Agencies of Continuing Medical Education. However, existing Navy policy must be followed, e.g., DoD 5500.7, SECNAVINST 4001.2G, and BUMEDINST 40001.4, DoD Dir 6000.8. Questions concerning the appropriateness of commercially sponsored CME should be addressed to the local staff judge advocate, NSHS (Code OM21), or to the BUMED office of Medical Legal Affairs.

4. CME category 1-A Quality Standards require that the sponsor shall provide a faculty of which at least 50% of the presenters shall be osteopathic physicians or staff members who have earned M.D. or Ph.D. degrees and have clinical or professional appointments at osteopathic institutions. The AOA council may grant exemption from this requirement for any CME program sponsored by a specialty college or society, or any program for which the audience will consist largely of non-family practice physicians. Descriptions of application information found in Section I. also pertain to the application process for Doctors of Osteopathy and must be followed when submitting an application to the Naval School of Health Sciences, Code OM21.

B. CME ACTIVITY APPLICATION PACKAGE CONTENTS - (DO)

1. Each CME Activity Application must include the following:

- a. Command Endorsement
- b. CME Application Form
- c. Activity Director Curriculum Vitae (CV)
- d. Privacy Act Statement
- e. CME Activity Evaluation Form
- f. Activity Schedule
- g. Promotional Materials

2. Application Guidance

a. Each proposed CME activity must be submitted as a separate application.

b. No activity can be approved for **more than one year**.

c. Renewals of ongoing CME activities must contain the information provided in your previously approved package.

d. Curriculum Vitae and Privacy Act Statements must be updated every four years or upon change of Activity Director.

e. NSHS cannot grant retroactive approval. In order to ensure proper review, communication, and the best possible service to the applicants, all applications must reach NSHS no less than eight weeks prior to the start date of the activity.

f. All applications will be signed by the CME Activity Director, reviewed by staff of the Education and Training Department at the Naval Medical Facility and endorsed by the CO/OIC.

g. Category 2 activities may not require approval by an accredited sponsor, *i.e.*, NSHS, unless promotional materials are disseminated outside the immediate institution (Naval Medical Facility or a group of physicians assigned to an operational command). Therefore, do not submit a CME Category 2 activity application to NSHS unless the activity is advertised and offered to individuals outside the immediate Navy group.

C. INSTRUCTIONS FOR COMPLETING A CME APPLICATION - (DO)

1. Activity Title: Use a title that reflects the type of activity that is being planned.

2. NSHS CME Activity Number: Only NSHS is authorized to assign a CME activity number. If an application is a renewal, NSHS has already assigned a CME activity number and it is **very** important to include this number on all renewal applications. If this is a new CME activity, leave blank.

3. Dates of the CME Activity: State the actual starting and ending dates of the CME activity. Approvals cannot be granted for more than 365 days.

4. Frequency of Offering: Complete the appropriate box.

5. Number of CME Category 1-A Credit Hours Requested: Credit hours are awarded on the basis of the actual amount of time spent in the learning situation. Each credit hour is defined as 60 minutes. Breaks and meal times must not be included.

6. Activity Director(s): The Activity Director(s) is responsible for the content and overall administration of the activity. The Activity Director(s) must be a physician (military or civilian).

7. Activity Coordinator(s): The Activity Coordinator assists the Activity Director in the overall administration of the CME activity, e.g., preparing reports, requesting activity renewals, and maintaining all documents for six years.

8. Presenter Composition: Note the percent of D.O.'s or staff members of an osteopathic institution that are presenters.

9. Lecture Hours: Note the percent of lecture hours that are presented by D.O.'s or staff members of osteopathic institutions.

10. Integration: Indicate how osteopathic principles and practices are integrated into the program. Note at least one.

11. Needs Assessment: A needs assessment is the process of identifying a need for a particular knowledge and/or skill. For example, a group of physicians have a knowledge deficit that is repeatedly resulting in less than optimal quality of medical care. For example, there may be a high complication rate among patients having cholecystectomy using endoscopy and this is attributed to insufficient knowledge of this new technique. The need for this knowledge may have been uncovered by a physician questionnaire or may have resulted from quality assessment/improvement (QAI) activities, medical advances, etc. An acceptable needs assessment is one that determines specific knowledge deficits or opportunities. An inadequate needs assessment is one that is too broad and does not cite a specific need. Generally, needs assessment is approached as follows:

- a. Identifying a problem or an opportunity
- b. Deciding to respond to the problem or opportunity
- c. Involving others
- d. Determining data collection strategy
- e. Collecting the data
- f. Analyzing the data
- g. Implementing the findings

Indicate on the application how the needs were identified by checking the applicable box(es) and writing a brief statement.

12. Goals: CME Activity goals pertain to what the activity organizers want to accomplish in the subject activity. A goal defines the purpose, format, etc. of the activity. CME activity goals are useful to the presenter in choosing the most appropriate teaching methods and in developing learning objectives for each topic. An example is "to teach recently developed cholecystectomy surgical techniques".

13. Learning Objectives: Learning objectives state what the presenter expects the participants to know or be able to do at the conclusion of the learning activity. The objectives are written by the activity director(s) and the presenter(s). The exact number of objectives should be consistent with the

content, format, length of time and scope of the CME activity. Learning objectives must relate to the needs that were identified in the needs assessment. There must be a corresponding learning objective for each topic presented.

a. Examples of terms used as a basis for stating learning objectives are:

to apply	to distinguish	to predict
to arrange	to employ	to prepare
to assess	to evaluate	to recall
to categorize	to explain	to recognize
to classify	to formulate	to relate
to construct	to identify	to report
to contrast	to illustrate	to restate
to create	to integrate	to review
to defend	to interpret	to solve
to describe	to list	to sort
to diagram	to name	to translate
to discriminate	to organize	to use

b. The steps in developing a learning objective are:

(1) Start with an action verb that describes a specific behavior or activity that you want the participant to be able to do. Examples are as follows:

Name	Describe	Explain
Identify	Compare	Perform

(2) Follow the action verb with the content reference that describes the subject being studied. Learning objectives must be stated in behaviorally measurable terms. Examples are as follows:

(a) Name three elements in the management of perennial rhinitis.

(b) Identify psycho-social factors important in the development of the child abuse syndrome.

(c) Explain dangers of using hexachlorophene in skin prophylaxis in the newborn.

(d) Describe the sequence of clinical events in Reye's Syndrome.

(e) Perform CPR correctly.

(3) If the objectives lend themselves to quantification, a performance standard may be added. An example: Students will correctly perform CPR 100% of the time.

14. Target Audience: Specify the group(s) for whom the activity is intended.

15. Instructional Methods: Indicate on the application which instructional method(s) and audio/visual materials will be used for the presentations.

16. Activity Content/ Program: The activity content is one of the critical quality standards of the application package. The activity content, in the form of a program or activity outline, should list the faculty/instructors (title, professional degrees, affiliation), titles of their presentations and time allotted for each speaker. Time for summation remarks should also be included. The content should be logically developed and based on the completed needs assessment, activity goals and learning objectives.

17. Method of Evaluation: Evaluation refers to determining the effectiveness of the presentation format and assessing the participants' success in learning the objectives. Every learning objective must be evaluated. A sample evaluation form is provided.

18. Commercial Support: The ACCME and the AOA have established standards for accepting commercial support, but they are not as strict as the Navy guidelines for such support (see section VII, for references). Commercial support can be financial or otherwise, e.g., 35mm slides provided by proprietary companies, meals, etc. Indicate on the application that the proposed activity will, or will not receive this support. If the activity will receive this support, you must indicate that it meets all of the ACCME or AOA and Navy requirements. (See section VI.)

19. Responsibility Statement: The Responsibility Statement displayed on the blank application form must be signed by the Activity Director.

20. Enclosures:

a. The CV and Privacy Act Statement for each CME activity director must be submitted to NSHS. A sample Privacy Act Statement is provided on page 48. (Note: CV and Privacy Act statements for each of the faculty/instructors are NOT to be forwarded to NSHS, however, they must be retained at your facility for six years.)

b. An Evaluation Form sample is found on page 41. Have the participants complete it at the end of each session as follows:

(1) For one-time offerings, request all participants to complete the form.

(2) For monthly offerings, have one half of the participants complete the form.

(3) For bimonthly offerings, and weekly sessions, randomly select several participants to complete the form.

c. The Activity Schedule should list the faculty/instructors, their titles, professional degrees, affiliations, title of their presentation(s), the date and time allotted for each presentation. Time allotted for summation remarks should also be included also. (A sample form for your use is included.)

d. Promotional course material: Local flyers, etc. must state the course objectives, intended learning outcomes and the appropriate designation statement for Category 1 or 2.

(1) Category 1 promotional material must be approved by an accredited sponsor. Accredited Category 2 promotional material also must be approved by an accredited sponsor. (NSHS is the accredited sponsor; your local command is not.) An approved designation statement follows:

The Naval School of Health Sciences
Designates this continuing medical education
activity for (__) credit hours in Category 1A
of the American Osteopathic Association. The
Naval School of Health Sciences is accredited
By the American Osteopathic Association and is
Approved to sponsor Category 1A Continuing

Medical Education credits.

21. Local Review: The completed CME application should be reviewed by the Head, Staff Education and Training Department or designee for completeness and accuracy before forwarding to the Commanding Officer/Officer In Charge.

22. Endorsement: The Commanding Officer/Officer In Charge must endorse the completed and reviewed CME application package before forwarding to NSHS. By direction authority is sufficient. See the sample format on page 36.

D. **CME APPLICATION FORMS - (DO)**

The following pages contain blank CME application forms and sample completed forms.

Endorsement Format

FIRST ENDORSEMENT

SSIC
Ser
Date

FIRST ENDORSEMENT on

From:

To: Commanding Officer, Naval School of Health Sciences
(Code OM21)

Subj: APPLICATION FOR REVIEW AND CERTIFICATION
(RECERTIFICATION) APPROVAL OF A CONTINUING MEDICAL
EDUCATION (CME) ACTIVITY

Encl: (1) CME application from _____ Department

1. Enclosure (1)," _____"
is submitted for consideration for CME Category 1-A credit.

2. Our point of contact is _____
who may be reached at DSN: _____ or commercial

By direction

CONTINUING MEDICAL EDUCATION APPLICATION BLANK FORM - DO
SSIC
Code
Date

From: _____
(Name of Physician CME Activity Director)
To: Commanding Officer, Naval School of Health Sciences,
(Code OM21), 8901 Wisconsin Avenue, Bethesda, MD
20889-5611
Via: Commanding Officer/_____
Officer in Charge (Medical Department Facility)
Subj: APPLICATION FOR REVIEW AND CERTIFICATION/APPROVAL OF A
CONTINUING MEDICAL EDUCATION (CME) ACTIVITY
Encl: (1) Activity Directors(s) Curriculum Vitae and Privacy
Act Statement
(2) Evaluation Form
(3) Activity Schedule (Speaker(s), Topic(s),
Objectives(s) and Date(s)
(4) Copies of Promotional Materials

1. In accordance with the AMA objectives for CME, the following application is submitted for review and designation of Category I credit:

- a. TITLE OF ACTIVITY: _____
(Course Name)
- b. NSHS ACTIVITY NUMBER: _____ (Enter the NSHS
assigned activity number if previously approved)
- c. BEGINNING DATE: _____
(please enter YYMMDD)
ENDING DATE: _____
(No activity can be approved for more than one year)
- d. FREQUENCY OF OFFERING:

<input type="checkbox"/> One Time offering	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biannual
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bimonthly	<input type="checkbox"/> Annual
<input type="checkbox"/> Other: _____		
- e. NUMBER OF CREDIT HOURS REQUESTED: _____

f. ACTIVITY DIRECTOR(S): (Must be a Physician)

Name/Rank/SSN/Designator:

Title of Position:

Phone Number:

g. ACTIVITY COORDINATOR(S):

Name/Rank/SSN/Designator:

Title of Position:

Phone Number:

h. PRESENTERS: Percent of D.O.'s or staff of osteopathic institutions that are presenters: _____ percent.

i. LECTURE HOURS: Percent of lecture hours that are presented by D.O.'s or staff members of an osteopathic institution: _____ percent.

j. INTEGRATION: Osteopathic principles and practices are integrated into the program in the following ways:

(1)

(2)

(3)

k. NEEDS ASSESSMENT: *(Describe, by writing a brief statement, how the educational needs of the target audience were identified. Select one or more)*

[] Quality Assurance Meeting

[] Patient Care Review/Audit

[] Survey Self Assessment

[] Peer Review

[] Scientific/Medical Advances

[] Mortality/Morbidity Statistics

[] Other:

l. GOALS: *(State the overall goals of the CME activity)*

m. LEARNING OBJECTIVES: (State the specific learning objective(s) for each subject or topic. These are statements about what a participant is expected to learn and/or be able to perform after the presentation. State objectives for each speaker. NOTE: The learning objectives(s) are to be presented along with the topic and speaker on the CME Activity Schedule form, a sample of which is found in section II.1 (Do not write them here)_

- n. **TARGET AUDIENCE:** (*Check all appropriate boxes*)
- | | |
|--|--|
| <input type="checkbox"/> Anesthesiologists | <input type="checkbox"/> Neurologists |
| <input type="checkbox"/> Cardio/Thoracic Surgeons | <input type="checkbox"/> Orthopedic Surgeons |
| <input type="checkbox"/> Family Practitioners | <input type="checkbox"/> Surgeons |
| <input type="checkbox"/> General Surgeons | <input type="checkbox"/> Psychiatrists |
| <input type="checkbox"/> Internists | |
| <input type="checkbox"/> Others (please type or print this option) | |

- o. **INSTRUCTIONAL METHODS:** (*Check all appropriate boxes*)
- | | |
|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Grand Rounds |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Small Group |
| <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Live Patients with Moderator |
| <input type="checkbox"/> Teleconferencing | <input type="checkbox"/> Other: _____ |

Audio/Visual Materials (*Check all appropriate boxes*)

- | | |
|--|--|
| <input type="checkbox"/> Audiotapes/Videotapes | <input type="checkbox"/> Slides |
| <input type="checkbox"/> Computer Assisted | <input type="checkbox"/> Films Instruction |
| <input type="checkbox"/> Medical Periodicals | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Overhead Projector | |

p. **ACTIVITY CONTENT/SCHEDULE OR PROGRAM:** Attach a copy of the activity schedule. A sample Activity Schedule is included.

q. **METHOD OF EVALUATION:** (*Attach a copy of the evaluation form that will be used to determine the effectiveness of the activity.*)

r. **STANDARDS FOR COMMERCIAL SUPPORT FOR CME:** This CME activity will/will not (circle one) receive financial or other support from commercial organizations. I certify that the commercial support meets all the requirements in "Standards for Commercial support of Continuing Medical education" in section III. B., and applicable Navy policy. If this activity receives commercial support, review by a JAG officer is strongly recommended.

2. **RESPONSIBILITY STATEMENT:** _____
(*name of your command*)

accepts the responsibility of documenting activity objectives, attendance rosters, summary report of participants' evaluations, speaker CV's individual participation and awarding of certificates or statements of participation by the activity director. The above documentation must be maintained for six years.

Signed by Activity Director

Privacy Act Statement

The Following statement is required by the Privacy Act of 1974 (Public Law 93-579). Include it with the Activity Director CV.

The information you provided in the biographical section of the CME application will be used to:

1. Review the CME application for approval by the Naval School of Health Sciences,
2. Maintain a file on personnel involved in CME for physicians,
3. Prepare publicity regarding CME activities, and
4. Maintain American Medical Association and American Osteopathic Association accreditation of the Navy Medical Corps CME program.

You are not required to provide the information requested. However, failure to do so could result in disapproval of the submitted CME application.

Please sign below to acknowledge that this statement has been read and attach it to your curriculum vitae.

Signature

(Rank/SSN/Designator)

Date

CME ACTIVITY EVALUATION FORM
(AOA CATEGORY 1-A)

Please complete this evaluation form. Your constructive feedback will assist with the assessment of the CME program at (medical facility's title) _____

TITLE OF ACTIVITY: _____

NSHS ACTIVITY NUMBER: _____

DATE AND TIME OF SESSION: _____

INDICATE NUMBER OF AOA CATEGORY 1-A HOURS ISSUED: _____

Please rate the program using the numerical values listed below:
1=POOR 2=FAIR 3=AVERAGE 4=VERY GOOD 5=OUTSTANDING

CONTENT: Appropriateness of topic for your educational needs? []

PRESENTATION: Well organized?..... []

SPEAKER: Presented topic effectively?..... []

PRACTICALITY: Value of the topic to your daily practice?..... []

FACILITIES: Satisfactory?..... []

EFFECTIVENESS OF LEARNING AIDS USED: Audio/Visual materials & handouts?..... []

OBJECTIVES: How well did the material presented meet the objectives of the activity. []

OBJECTIVE 1..... []

OBJECTIVE 2 []

OBJECTIVE 3 []

OVERALL impression of program?..... []

ADDITIONAL TOPICS YOU WOULD LIKE IN THE FUTURE:

SPECIFIC COMMENTS, SUGGESTIONS OFFERED:

Name (Optional) _____

Awarding Certificate Format

DATE:

From: Activity Director

To: Participant

Subj: CONTINUING MEDICAL EDUCATION CERTIFICATION

1. This is to certify that (name of physician) _____ has participated in the (title of the **CME** activity) held (date) _____, and is eligible for _____ hours of American Medical Association (AMA) or American Osteopathic Association (AOA) Category 1 credit through the Naval School of Health Sciences (please circle AMA or AOA as appropriate).

2. The Naval School of Health Sciences is accredited by the Accreditation Council for Continuing Medical Education to approve continuing medical education for physicians, and certifies that this continuing medical education activity meets the criteria for Category 1 of the Physician's Recognition Award of the American Medical Association. Additionally, the Naval School of Health Sciences is an authorized sponsor of the AOA and is approved to sponsor Category 1 Continuing Medical Education credits.

Signed by Activity Director

FIRST ENDORSEMENT SAMPLE - (DO)

1520
Ser 00/0025
15 Jan 98

FIRST ENDORSEMENT on NEHC ltr 1520 Ser 018/0057 of 12 Jan 98

From: Commanding Officer, Naval Environmental Health Center
Training Command

To: Commanding Officer, Naval School of Health Sciences
(Code OM21)

Subj: APPLICATION FOR REVIEW AND CERTIFICATION RECERTIFICATION)
APPROVAL OF A CONTINUING MEDICAL EDUCATION (CME) ACTIVITY

Encl: (1) CME application from Occupational Health and
Preventive Medicine Department

1. Enclosure (1), "Navy Occupational Health and Preventive
Medicine Workshop" is submitted for consideration for CME
Category 1-A credit.

2. Our point of contact is LCDR Jones, who may be reached at
DSN 123-9876 or commercial (111) 123-9876.

E. JONES

By direction

CME APPLICATION SAMPLE COMPLETED FORM - (DO)

1520
Code 018
12 Jan 98

From: LCDR Yvonne Sams, MC, USN
To: Commanding Officer, Naval School of Health Sciences,
(Code OM21), 8901 Wisconsin Avenue, Bethesda, MD
20889-5611
Via: Commanding Officer, Naval Environmental Health Center

Subj: APPLICATION FOR REVIEW AND CERTIFICATION APPROVAL OF AN
AOA CONTINUING MEDICAL EDUCATION ACTIVITY

Encl: (1) Activity Director's Curriculum Vitae and Privacy Act
Statement
(2) Program
(3) A Copy of Promotional Materials
(4) Sample Evaluation Form
(5) Certificate of Attendance

1. It is requested that the application for the following
activity be reviewed for AOA Category 1-A credit:

a. TITLE OF ACTIVITY: Navy Occupational Health and
Preventive Medicine Workshop

b. NSHS ACTIVITY NUMBER: 111-99

c. BEGINNING DATE: 99 Mar 15
ENDING DATE: 99 Mar 19

d. FREQUENCY OF OFFERING: ☒ Annual Offering

e. NUMBER OF CREDIT HOURS REQUESTED: 40 hours

f. ACTIVITY DIRECTOR:
LCDR Yvonne Sams, MC, USN
Head of NEHC Norfolk
DSN: 222-4321 Comm: (333) 123-6789

g. ACTIVITY COORDINATOR:
LCDR Brian Jones, NC, USN
Head of Education and Training Dept.
DSN: 222-1212 Comm: (333) 123-1212

h. PRESENTERS: Percent of the presenters that are D.O.'s or staff members of an osteopathic institution: 55 percent.

i. LECTURE HOURS: Percent of lecture hours that are presented by D.O.'s for staff members of an osteopathic institution: 50 percent.

j. INTEGRATION: Osteopathic principles and practices are integrated into the program in the following ways:

Current osteopathic principles and practice will be discussed specifically as to how they are utilized in the treatment of occupational and preventive medicine issues related to the active duty forces.

k. NEEDS ASSESSMENT: ☒ Scientific/Medical Advances
☒ Peer Review
☒ Mortality/Morbidity Statistics

l. GOALS: Upon completion of this course, participants will be able to discuss occupational and preventive medicine issues affecting today's active duty forces.

m. LEARNING OBJECTIVES: See enclosure (2).

n. TARGET AUDIENCE:
☒ Preventive and Occupational
Medicine specialists
☒ Family Practitioners
☒ General Internists

o. INSTRUCTIONAL METHODS: ☒ Lecture
☒ Slide presentations
☒ Poster presentations

p. ACTIVITY CONTENT/SCHEDULE: See enclosures (2) and (4).

q. METHOD OF EVALUATION: Enclosure (3) is a blank evaluation form that will be used. Additionally, an open question/answer session will be held.

r. STANDARDS FOR COMMERCIAL SUPPORT FOR CME: This CME activity will/will not receive financial or other support from commercial organizations. I certify that the commercial support meets all the requirements in the "Standards for Commercial Support of Continuing Medical Education" in section IV.C., and

applicable Navy policy. If this activity receives commercial support, review by a JAG officer is strongly recommended.

2. RESPONSIBILITY STATEMENT: Naval Environmental Health Center accepts the responsibility of documenting activity objectives, attendance rosters, individual evaluation (with summarization report), speaker's CV, individual participation by the activity director. The above documentation must be maintained for six years.

Signed by Activity Director

SAMPLE (DO)

OFFERING APPROVAL DOCUMENTATION FORM
TITLE OF OFFERING: HIV UPDATE

OBJECTIVES (List objectives in operational or behavioral terms)	CONTENT (TOPICS) (List each topic to be covered and provide a description/outline of the content to be presented)	TIME FRAME (State the time frame for the topic)	FACULTY (List the faculty person or presenter for each topic)	TEACHING METHOD (Describe the teaching method(s) used for each)
<p>Identify high risk groups and statistics.</p> <p>Identify the pathogen causing HIV infection.</p> <p>List four modes of transmission of the HIV/AIDS virus.</p> <p>List at least two tests used to diagnose HIV infection.</p> <p>Describe the "Window" period.</p>	<p>1. List & discuss the latest trends & statistics in HIV/AIDS</p> <p>2. Discuss high risk groups and how this has changed since the discovery of this disease</p> <p>3. HIV infection</p> <p>d. Causative agent</p> <p>e. Pathophysiology of the infectious process and the effect on the host immune system</p> <p>f. Modes of transmission</p> <p>-Blood/blood products</p> <p>-Sperm/vaginal secretions</p> <p>-Breast milk & in utero transmission</p> <p>4. Testing</p> <p>c. ELISA, Western Blot, other</p> <p>d. Implications</p> <p>-Negative – window</p> <p>-Positive</p>	40 minutes	Mrs. Gladden	Lecture series

SAMPLE (DO) OFFERING APPROVAL DOCUMENTATION FORM TITLE OF OFFERING: <u>HIV UPDATE</u>				
List strategies for prevention of HIV in personal and work environments.	5. Prevention d. Individual (safer sex, avoiding IV drug use) e. Infection control (OSHA standards) f. Universal precautions	20 minutes	Ms. Wood	Lecture series
Identify the signs and symptoms of HIV infection. Discuss the management objectives of the AIDS client. Identify three pharmaceutical therapies utilized in the treatment of HIV/AIDS. List three components of Florida law related to HIV testing and HIV clients	3. Disease Stages e. Asymptomatic HIV f. Symptomatic HIV g. AIDS h. Clinical management 7. Monitoring, drug therapy, & support services	30 minutes	Donna Wright, DO	Lecture/Slides
	8. Florida law and its implications f. Confidentiality g. Pre/Post test counseling h. Informed Consent i. Public Health j. Employees	30 minutes	Ms. Gladden	Lecture/Slides

SAMPLE OF PROMOTIONAL MATERIAL (DO)

NAVAL ENVIRONMENTAL HEALTH CENTER

Presents

Navy Occupational Health and Preventive Medicine Workshop

15-19 March 1999
NEHC Auditorium

Objectives: To discuss the occupational and preventive medicine issues affecting today's active duty forces. Osteopathic principles and practice will be discussed as to how they relate to the evaluation and treatment of the most common occupational injuries.

The Naval School Of Health Sciences is an authorized sponsor of the American Osteopathic Association and is approved to sponsor Category 1A Continuing Medical Education credits.

III. CME PROGRAM REPORTS TO NSHS AND CME PROVIDER SURVEY

NSHS Instruction 1520.1D, Section 5c(5) contains guidance regarding reporting requirements for both AMA and AOA CME programs. An example of each reporting form follows. A sample of an AMA CME program report form is provided as well.

An AOA Roster of Attendance form is provided for your use. The Roster of Attendance Form is used to document attendance at formal educational osteopathic programs approved by NSHS. Each physician attending the program should be listed on the form by entering the appropriate individual's AOA number, name, Osteopathic College, and year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form(s) should be forwarded to NSHS, along with a copy of the final program presented. If the above procedure is followed, physicians should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance Form.

Periodically, it may become necessary for NSHS Bethesda to conduct a survey of a CME provider. **The** enclosed survey audit checklist will be utilized to identify issues or areas requiring further attention.

CME REPORT FORMAT -MD

NAVY MEDICAL CORPS CONTINUING MEDICAL EDUCATION PROGRAM
REPORT TO NSHS FOR AMA CME ACTIVITIES

SSIC
Code
Date

From: _____
(Activity Coordinator)

To: Commanding Officer, Naval School of Health Sciences,
(Code OM21) 8901 Wisconsin Avenue, Bethesda, MD 20889-5611

Via: Commanding Officer (Medical Department Facility)

Subj: CONTINUING MEDICAL EDUCATION (CME) REPORT FOR:

(TITLE OF ACTIVITY, ASSIGNED CME ACTIVITY NUMBER)

Encl: (1) List of Topics Presented
(2) Changes in Activity (if applicable)
(3) Activity Evaluation Summary report

1. The following information is provided for the regular six-month report.

- a. TITLE OF ACTIVITY: _____
- b. ASSIGNED CME ACTIVITY NUMBER: _____
- c. TOTAL NUMBER OF AMA CATEGORY 1 HOURS ISSUED TO
ATTENDEES AS A GROUP: _____
- d. NUMBER OF PHYSICIANS ATTENDING ACTIVITY: _____
- e. NUMBER OF OTHERS ATTENDING ACTIVITY: _____
- f. Enclosure (1) is the List of Topics presented, with dates,
times, and speaker names.
- g. Enclosure (2) indicates changes in the CME activity (if
applicable).
- h. Enclosure (3) is the Activity Evaluation Summary Report for
the CME Activity.

Signed by Activity Coordinator

**CME REPORT FORMAT - DO
NAVY MEDICAL CORPS CONTINUING MEDICAL EDUCATION PROGRAM
REPORT TO NSHS FOR AOA CME ACTIVITIES**

SSIC
Code
Date

From: _____
(Activity Coordinator)

To: Commanding Officer, Naval School of Health Sciences,
(Code OM21) 8901 Wisconsin Avenue, Bethesda, MD
20889-5611

Via: Commanding Officer (Medical Department Facility)

Subj: CONTINUING MEDICAL EDUCATION (CME) REPORT FOR:

(TITLE OF ACTIVITY, ASSIGNED CME ACTIVITY' NUMBER)

Encl: (1) List of Topics Presented
(2) Changes in Activity (if applicable)
(3) Activity Evaluation Summary report
(4) Roster of Attendance Form

1. The following information is provided for the regular six-month report.

a. TITLE OF ACTIVITY: _____

ASSIGNED CME ACTIVITY NUMBER: _____

b. TOTAL NUMBER **OF AOA CATEGORY 1 HOURS ISSUED TO ATTENDEES AS A GROUP :** _____

c. NUMBER OF PHYSICIANS ATTENDING ACTIVITY: _____

d. NUMBER OF OTHERS ATTENDING ACTIVITY: _____

e. Enclosure (1) is the List of Topics presented, with dates, times, and speaker names.

f. Enclosure (2) indicates changes in the CME activity (if applicable).

g. Enclosure (3) is the Activity Evaluation Summary Report for the CME Activity.

h. Enclosure (4) is the Roster of Attendance Form.

Signed by Activity Coordinator



DEPARTMENT OF THE NAVY

IN REPLY REFER TO:

1520

Code 05/lhp

From :

To: Commanding Officer, Naval School of Health Sciences, 8901 Wisconsin Avenue,
Bethesda, MD 20889-5611

Subj: REGULAR REPORT FOR USS BONHOMME RICHARD CASUALTY RECEIVING TREATMENT
SHIP (CRTS) MEDICAL AUGMENTATION PROGRAM (MAP) TRAINING

Encl: (1) Topics presented during USS BONHOMME RICHARD (LHD 6) MAP Training with CME
hours awarded.
(2) Summary of Student Critiques
(3) CME Certificate

1. The following information is provided on the USS BONHOMME RICHARD (LHD 6) Casualty
Receiving Treatment Ship (CRTS) Medical Augmentation Program (MAP) training conducted in
San Diego, CA from 12-15 October 1999.

a. Title of Activity: **Casualty Receiving Treatment Ship (CRTS) Medical
Augmentation Program (MAP) Training.**

b. Assigned CME Activity Number: **9921**

c. Total Number of AMA Category 1 CME Hours Issued to Attendees as a Group: 160
(20.0 hours per Medical Officer).

d. Number of Physicians Attending the Activity: 8

e. Number of Others Attending the Activity: 61

f. Enclosure (1) is the list of topics presented with CME hours awarded.

g. Enclosure (2) is summary of student comments.

h. Enclosure (3) is a copy of the CME Certificate.

2. Point of Contact for this command, Mr. Lloyd H. Parish at (619) 553-8569.

By direction

**USS BONHOMME RICHARD MAP TRAINING.
TOPICS PRESENTED**

No.	Topic	CONTACT HOURS	
		Didactic	Practical
UNIT ONE ORIENTATION TO THE PLATFORM			
1.1	Welcome aboard	0.25	-
1.2	CRTS Familiarization	0.25	
1.3	Shipboard Etiquette	0.25	
1.4	Ship tour		
1.5	Personal Survival Skills (Safety)	1.50	
1.6	Shipboard Communications	0.25	
1.7	Mission of the CRTS	0.25	
1.8	Tour of Medical Department		1.0
UNIT TWO MEDICAL MISSION			
2.1	Medical Mission Overview	0.25	
2.2	Medical Augmentation Manning	0.25	
2.3	Organization of the Medical Department	0.25	
2.4	Medical Department Policy and Procedure	0.25	
2.5	Medical Administration	0.25	
2.6	Casualty Tracking	0.5	
2.7	Documentation and Record Keeping	0.25	
2.8	Medical Waste/ HAZMAT/ Trash Separation	0.25	
2.10	Defense Blood Program/CRTS Blood Capability	0.5	
2.11	Supply and AMMAL	0.5	
2.12	Medical Equipment Overview	0.25	
UNIT THREE OPERATIONAL MEDICAL PROBLEMS			
3.1	Operational Medical Topics		
	Airway Management	0.5	
	Triage	1.0	
	Burns	0.5	
	Trauma	0.75	
	Maxillofacial Trauma	0.5	
	MI/ Stroke	0.5	
3.2	Shipboard Medical Equipment Familiarization		2.25
3.3	Simulated Casualty/ Decon Talk-Walk-Through		0.75
3.4	NEO/Mass Casualty		
	Medical Walk Through		1.5
	Mass Casualty Drill/ Hot-wash		2.0
3.5	CBR Warfare Overview	0.5	
3.6	MEU(SOC) Medical Preparation	0.5	
3.7	Casualty Management	1.5	
	Extrication		
	Litter Bearing		
	Eight Basic Wounds		
	Restraints		
Totals		12.5	7.5
Total CME Awarded			20.0

LESSON TOPIC: 1.1 WELCOME ABOARD

TERMINAL OBJECTIVE: The student will receive an overview of the training course.

LESSON TOPIC: 1.2 CRTS FAMILIARIZATION

TERMINAL OBJECTIVE: Student will understand the organization, protocol, and the daily routine aboard ship, and be familiar with shipboard facilities

LESSON TOPIC: 1.4 SHIP'S TOUR

TERMINAL OBJECTIVE: The student will be familiar with location and function of various spaces on the ship on which they will serve.

LESSON TOPIC: 1.5 PERSONAL SURVIVAL SKILLS- SAFE-I-Y

TERMINAL OBJECTIVE: The student will learn personal shipboard survival skills such as emergency egress, EEBD, Man-Overboard, etc

LESSON TOPIC: 1.7 MISSION OF THE CRTS

TERMINAL OBJECTIVE: The student will have knowledge of the various missions of the CRTS based on the Ship's ROC/POE Document.

LESSON TOPIC: 2.2 MEDICAL MISSION OVERVIEW

TERMINAL OBJECTIVE: The student will state the medical mission of the CRTS and its ramifications.

LESSON TOPIC: 2.3 ORGANIZATION OF THE MEDICAL DEPARTMENT

TERMINAL OBJECTIVE: The student will have an understanding of the organization of the CRTS medical department and know the roles of the divisions and sections that make up the medical department.

LESSON TOPIC: 2.4 MEDICAL DEPARTMENT POLICY AND PROCEDURE

TERMINAL OBJECTIVE: The student will have general knowledge of the CRTS Medical Department Policy and Procedures.

LESSON TOPIC: 2.5 ORGANIZATION OF THE MEDICAL DEPARTMENT SPACE

TERMINAL OBJECTIVE: The student will understand the complexity of the use of space in the medical department during various conditions.

LESSON TOPIC: 2.10 DEFENSE BLOOD PROGRAM/CRTS BLOOD CAPABILITY

TERMINAL OBJECTIVE: The student will be familiar with the Defense Blood Program and understand the capabilities and limitations of the CRTS Blood Program.

LESSON TOPIC: 3.1 OPERATIONAL MEDICAL TOPICS

TERMINAL OBJECTIVE: The student will be familiar with the ten (or some other number) clinical problems likely to be encountered during amphibious warfare in the next six months.

LESSON TOPIC: 3.3 SIMULATED CASUALTY WALK-THROUGH

TERMINAL OBJECTIVE: The student will take part in and participate in debrief of simulated casualty walkthrough in preparation for real-time medical exercise.

LESSON TOPIC: 3.4 MEDICAL EXERCISE IN "REAL TIME"

TERMINAL OBJECTIVE: The student will participate in an exercise on board of the CRTS in which the medical department operates around the clock for 48 hours.

LESSON TOPIC: 3.5 CBR WARFARE OVERVIEW

TERMINAL OBJECTIVE: The student will be familiar with the CBR warfare defense of the specific CRTS on which they are deployed

LESSON TOPIC: 3.6 CBR DEFENSE WALK-THOUGH

TERMINAL OBJECTIVE: The student will participate (or observe) the process of decontaminating a various patients including walking wounded, litter patients, and multiple casualties.

USS BONHOMME RICHARD MAP TRAINING SUMMARY OF OVERALL COURSE CRITIQUES

1. **Was this your first shipboard training experience? If not, how much sea time do you have, and in what capacity?**

48% responded that this was their first shipboard training experience.

52% had from 2 weeks to 6 years of prior shipboard experience in various capacities.

2. **Did you receive a Welcome Aboard package at your command? Was it helpful in preparing you for this training? How would you improve it?**

88% received Welcome Aboard package.

62% felt the Welcome Aboard package was helpful.

3. **Overall, what is your opinion of the material/information presented this week?**

88% responded that the training was good.

4. **Was the training long enough? Too long?**

47% felt training was long enough.

13% responded that the training was too long.

How would you improve the training?

- . Do more of the didactics at NMCP.
- . Concentrate more on shipboard training and drill while on board.
- . Train **more frequently as a team**.
- . Take level of prior experience into account for length of training.

5. **Did this training prepare you to augment this ship's Medical Department in case of war or other contingency?**

68 % felt the training did prepare them for augmenting a ship.

6. **Overall rating of the M+1 training:**

86 % **rated** the training overall favorably.

7. **participant Comments:**

- . I would have scored this higher but there was way too much confusion which distracted from the over all experience.
- . I feel enlisted and officers should be trained apart from each other on; (A) Duties (B) Treatment of wounds, assessment etc. We should spend more time in own workspace, getting organized, Do all the medical teaching before we set on the ship.
- . My comment the officers were outstanding and the Corpsman knew their job well. Congratulations.
- . During the drill the ships company were just standing around. The DT's were painting the passageways,
- . Entertaining – lots of fun! Educational – learned about the LHD. Enlightening – very talented folks MO's, NC's, MSC's aboard the vessel. Great interaction!
- . Equipment is lacking in several areas. The triage went well.
- . Would like to have more training as we go along. Start the drills earlier.
- . Keep the classroom lectures short and sweet. The mass casualty drill seemed a bit disorganized with lack of communication.

- Would love to be involve in further training evolutions. They **need to relax more**.
- Good training. Well-organized program.
- Not sure if ships company other than the medical department **wanted us here**.
- Aside from the medical department, I felt like a foreigner aboard ship. While people in general were friendly, it was a bit of a let down that the CO/XO didn't say hello to our group. or even seem to- .
acknowledge our presence. **It** was my impression that the medical capability is a big part of the ship's mission, but it didn't feel that way aboard.
- CO & XO of the BHR should have welcomed us!
- The ship was not too friendly as a command, but the medical department was fine.
- More mass casualty.
- Again need more direct work with Mass Casualty Drill.
- Since this platform is our primary responsibility, platform **specific** training should be a priority ie; C-4, NBC, lifeboat commander.
- As per other critiques **I submitted, some** training **lectures** should be dual track. Khaki vs blue for certain topics.
- Good effort by the training team, the ship and crew were very hospitable.
- **Let** dental and "AU" shipboard personnel participate.
- I appreciate the effort that CDR Burke put into this evolution. Bravo Zulu!
- **It** was a good introductory underway but not for war preparation;
- There's a lot of information with not much time.
- I'd love to do it again.

American Osteopathic Association
Division of Continuing Medical Education

R O S T E R O F A T T E N D A N C E

This is to certify that the osteopathic physicians listed below attended

_____, sponsored by
Title or subject or meeting, seminar, etc.

_____, on _____
Sponsoring organization or institution (Date(s))

This program consisted of _____ hour(s) of formal postgraduate education.
Number

Number of specialty hour'(s) _____.

MAIL THIS FORM WITH COPY OF PROGRAM TO:

AOA Division of CME
American Osteopathic Association
142 East Ontario Street
Chicago, Illinois 60611

Signature of Representative of Sponsoring
Organization or Institution

FOR OFFICE USE ONLY

Cat. _____ Credits _____

Date _____

Program #/ _____

KEEP DUPLICATION OF THIS FORM
FOR YOUR RECORD!

REPORTING CME ACTIVITIES

The Roster of Attendance form is used to document attendance at formal education programs sponsored by recognized organizations and institutions. This form is provided to the sponsor by the Division of CME, usually with the notification of "initial" approval.

It is the responsibility of the sponsoring organization to identify the applicable specialty areas and related codes to which the CME program applies. (See form CME006 Roster of Attendance Applicable Hours By Specialty). The specialty credits for the program are to be identified on the sheet provided that list the applicable hours by specialty. Please indicate the number of specialty hours in each blank that may apply toward the specialty.

Each physician attending the program should be listed on the form by entering the appropriate AOA number, name, college, and year of graduation. The AOA number can be found on the physician's AOA membership card.

The completed form, together with a copy of the printed program, should be forwarded to the Division of CME by the sponsor, as soon as possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance form.

American Osteopathic Association
Division of Continuing Medical Education

Roster of Attendance
- Continued -

Page _____

Program Name: _____ Date: _____

Sponsor Name: _____

[illegible]



Documentation Review for a CME Activity

The Documentation Review is an opportunity to assess the performance in **practice of the** CME provider with respect to the planning and presentation of CME activities. The goal is not to judge the quality of the **documentation**, but rather that documentation is present and concurs with how the provider has described its day-to-day CME practices.

Remember, all activities are required to be in compliance with the ACCME Essential Area Elements and Policies regardless of partnerships (directly sponsored or jointly **sponsored**) and formats for the delivery of the education (live activity, enduring material, Internet, Journal CME). In addition to the questions related to the Essential Areas and partnerships on the front of this **worksheet**, questions have been included on the back of this **worksheet** to address the specific policies that deal with **format**. Depending on the type of activity for **which you** are reviewing **documentation**, please complete the front or both sides of this worksheet.

Provider Name					
Provider Number	Date of Survey				
Title of Activity					
Date of Activity					
This activity is: <u>Directly sponsored</u> <input type="checkbox"/> a <u>Jointly-sponsored</u> <input type="checkbox"/>					
The format of the activity is a/an:					
Course		Enduring Material (tape, printed, CD ROM)			
Regularly scheduled conference		Internet Activity(Enduring Material)			
Internet Activity(Live)		Journal CME Activity			
Observations					
Criteria	Exemplary	Compliance	Partial	No/ Absent	Not Applicable
A planning process was used that linked the identified needs with a desired result. (2.1)					
Needs assessment data were used to plan the activity (2.2)					
The purpose/objectives of the activity were communicated to the learner prior to the activity. (2.3)					
The activity was evaluated in terms of the effectiveness in meeting the identified needs. (2.4)					
The provider demonstrated that its obligations and commitments were met for the activity. (3.2)					
Signed agreement(s) between the provider and the commercial supporter (s) is/are present. (SCS 5.3)					
There is documentation that provider and faculty relationships with commercial supporters were disclosed to learners. (SCS 7)					
Acknowledgment of commercial support is documented. (SCS 5.6)					
Printed materials for the activity carry the appropriate accreditation statements.					

(Over for Documentation Review for an Enduring Material or Journal CME Activity)

Documentation Review for a CME Activity (continued)

Check here if this activity was **not** an Enduring Material. ☐

Regarding the review of enduring material documentation:

Please review the documentation for the enduring material, and/or the enduring material itself, to determine if the following additional requirements of the ACCME are communicated to the learner:

Observations			
Criteria	Yes/ Present	Of Concern	Nd Absent
Principal faculty and their credentials.			
Medium or combination of media used.			
Method of physician participation in the learning process.			
Estimated time to complete the educational activity (the credit designation statement with number of hours designated fulfills this requirement).			
Date of original release.			
Date of the most recent review and update or approval.			
Commercial support is acknowledged at the beginning of the enduring material.			

Check here if this activity was **not** Journal CME. ☐

Regarding the review of Journal CME documentation:

Please review the documentation for the journal CME, and/or the journal CME itself, to determine if the following additional requirements of the ACCME are in compliance:

Observations			
Criteria	Yes/ Present	Of Concern	Nd Absent
The activity includes reading an article or articles, a provider stipulated/learner directed phase, and a requirement for the completion by the learner of a predetermined set of questions or tasks related to the content of the material.			
There is a process for documenting participation by the learner in the activity to the provider.			
No advertising exists within the pages of the article(s) or within the pages of the related questions or evaluation materials.			

Note: Please complete a form for each activity that is reviewed by the survey team.





Welcome to the Physician's Recognition Award Online Information Booklet

The American Medical Association's Physician's Recognition Award (**PRA**) is the most widely accepted certificate for recognizing physician **completion** of continuing medical education (CME). Over 640,000 certificates have been issued since the PRA's founding in 1968.

Click the "continue" button below to proceed to the Booklet's contents. From ~~ther~~ you can proceed to any portion of the booklet--Section I, Information for Physicians, or Section II, Information for CME Sponsors--to learn more about PRA requirements. You can also access and print out a [PRA application form](#) or **fill** out the form online.

For quick access to up-to-date information on CME activities, consult the [AMA CME Locator](#), a database of more than 2,000 AMA PRA category **1** activities. The new version of the CME Locator features many enhancements, including faster, more user-friendly navigation, search criteria refinements, additional data elements, and hyperlinks to course sponsors' web sites.

If you have any questions about the AMA PRA, please contact

Office of Physician Credentials and Qualifications

American Medical Association
515 North State Street
Chicago, IL 60610
312 464-4665
312 464-4567 (Fax)
pra@ama-assn.org

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The Physician's Recognition Award

Information Booklet

August 1999

American Medical Association Physician's Recognition Award Requirements and Options

Basic Requirements for the AMA PRA

- All learning experiences must **comply** with the AMA definition of CME
- All learning experiences **must comply** with AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME
- Physicians must read authoritative medical literature an average of 2 hours per week

Educational Options for the AMA PRA

Activities designated by accredited sponsors: category 1 or category 2

Formal activities (ie, lectures, seminars, and workshops)

CME enduring materials (category 1 only)

Journal club activities

Self-assessment activities

Journal-based CME

Physician-designated activities: category 2

Consultation with peers and experts concerning patients

Use of electronic databases in patient care

Small group discussions

Self-assessment activities

Journal club activities not designated as category 1

Teaching health professionals

Use of enduring material not designated as category 1

Medical writing

Teleconferences

Preceptorships

Participating in formal peer review and quality assurance activities

Preparation of educational exhibits

Formal learning activities not designated as category 1 or category 2

Other routes to PRA certificates

Participation in an ACGME-accredited residency program

Passing a recertification examination

Study for a medically **related** degree

Other meritorious learning experiences

Reciprocity with other medical education certificates

International conferences approved by the AMA for AMA PRA category 1 credit

Certificate Options and Requirements for the AMA PRA

Reading authoritative literature an average of 2 hours per week is required for all certificates.

AMA PRA certificate with commendation for self-directed learning

Reading is not reportable as category 2 for the certificate with commendation.

3-year certificate: 150 hours

- 60 hours category 1
- 60 hours category 2
- 30 hours category 1 or 2

2-year certificate: 100 hours

- 40 hours category 1
- 40 hours category 2
- 20 hours category 1 or 2

1-year certificate: 50 hours

- 20 hours category 1
- 20 hours category 2
- 10 hours category 1 or 2

AMA PRA standard certificate

Reading is reportable as category 2 for the standard certificate.

3-year certificate: 150 hours

- 60 hours of category 1
- 90 hours of category 1 or 2

2-year certificate: 100 hours

- 40 hours category 1
- 60 hours category 1 or 2

1-year certificate: 50 hours

- 20 hours category 1
- 30 hours category 1 or 2

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The AMA Physician's Recognition Award

Part I: Information for Physicians

Structure

The AMA Physician's Recognition Award (AMA PRA) is structured to enable physicians to participate in and report three types of continuing medical education (CME):

- Formally organized and planned educational meetings, eg, conferences, symposia (category 1 learning activities);
- Less structured learning experiences, eg, consultations, discussions with colleagues, and teaching (category 2 learning activities); and
- Reading "authoritative" medical literature, eg, peer-reviewed journals, textbooks.

Participating in these three types of educational activities is needed by most physicians for a balanced personal educational program. Displaying the AMA PRA certificate offers tangible evidence of their professional commitment to their patients and to the public.

History

Since its founding in 1847, the AMA has been integrally involved in establishing and developing standards in medical education, science, clinical practice, and ethics. It continues to play an essential role in the accreditation of medical schools, residency programs, and sponsors of CME.

Shortly after the end of World War II, the AMA Council on Medical Education became concerned about assisting practicing physicians in keeping up with developments in biomedical science and medical technology, which were then (as now) advancing at an ever-increasing rate. In the 1960s, the AMA began to accredit course sponsors to improve the quality of the relatively few CME courses being offered. The AMA began at the same time to offer the PRA as a means of encouraging physician participation in quality CME.

Today, the accreditation system involving the Accreditation Council for Continuing Medical Education (ACCME) and the state medical societies accredits more than 2,500 organizations that offer CME programs. Sponsors want to designate CME activities for AMA PRA category 1 because this has become the benchmark for quality in formally organized educational programs; almost all agencies nationwide that require CME participation specify AMA PRA category 1 credit.

The PRA has undergone a number of revisions to keep pace with the changing CME needs of practicing physicians. In 1985 the AMA simplified the credit system, reducing the number of

categories of education from six to two. In 1990 the AMA revised the PRA to call attention to the value of reading and category 2 learning in a balanced educational program.

Eligibility

Physicians may apply for the AMA PRA if they hold a valid and current license issued by one of the US, Canadian, or Mexican licensing jurisdictions or are engaged in residency training in an accredited program in the United States or Canada. For US physicians, licensure or residency information must be on record in the AMA Physician Masterfile. Citizenship or membership in the AMA, medical societies, or medical specialty societies is not used in determining eligibility.

AMA PRA Category 1 Activities

Physicians may claim AMA PRA category 1 credit for learning activities designated for AMA PRA category 1 credit by accredited sponsors. *Regardless of the amount of credit designated by the institution sponsoring the activity, journal-based CME, or enduring material, physicians should claim only the hours actually spent participating in the activity or studying the materials within the maximum number of hours designated.*

Physicians may also claim AMA PRA category 1 credit for the additional learning activities described below.

Formal learning activities by accredited sponsors

The majority of CME activities claimed for AMA PRA category 1 credit are planned, structured activities offered by an organization accredited for CME by the ACCME or one of the state medical associations, which has designated that education for AMA PRA category 1 credit. These learning activities may be in the form of lectures, seminars, or workshops or may be based on self-assessment programs or audiovisual or computer materials. (For designation statements and category 1 criteria, see Part II).

CME activities in journals

Physicians may claim credit for journal-based CME designated for specific credit by accredited sponsors. Details concerning this education are provided on page 18.

CME enduring materials

CME enduring materials are presented in a variety of forms and use one or many communications media, including printed educational materials, audio tapes, videotapes, computer-assisted instruction, videodiscs, and CD-ROM products. They may be structured to meet the requirements for category 1 designation. (See Part II: enduring materials that are not

designated for category 1 by an accredited sponsor may be claimed **for category 2 hours.**)

International conferences approved by the AMA

To facilitate participation of US physicians in major international CME conferences that cannot be sponsored or jointly sponsored by an organization accredited by the ACCME, the AMA has developed protocols for reviewing and approving specific international events for category 1 credit. Program materials for these conferences carry the **following** statement:

"This Conference has been approved by the AMA for a maximum of hours of category I credit towards the AMA Physician's Recognition Award"

Participation must be verified on site by an **official AMA** representative. The AMA issues credit certificates and maintains attendance records.

Passing a recertification examination

Recognizing that extensive learning occurs in preparation for passing a recertification examination of one of the 24 specialty boards that are members of the American Board of Medical Specialties, the **AMA** awards the **3-year AMA PRA for recertification** certificates. The PRA certificate **will** be valid for 3 years from the date of recertification. No credit is given for passing initial licensing and certification examinations related to undergraduate or graduate medical education including subspecialty certification.

Participation in an ACGME-accredited program

Physicians may earn up to 50 hours of category 1 credit per year for full- or part-time participation as residents in an ACGME-accredited residency program.

Study leading to a medically related degree

Physicians may claim up to 50 hours of category 1 credit per year for participation in a course of study leading to a **medically** related degree, such as a master's degree in public health or healthcare administration. **The** study must be offered by an institution accredited by the appropriate regional accrediting association.

Other meritorious learning experiences

An AMA PRA certificate can be awarded in recognition of meritorious learning experiences of exceptional benefit to **a** physician that do not **fit** the above descriptions. Physicians desiring category 1 credit for such a learning experience must provide a written proposal prior to undertaking the activities, **clearly** describing educational need, learning objectives, content and methods of learning, amount of time spent on the project, and evaluation of learning achievement. If faculty and educational institutions are involved, they should be identified. The AMA determines whether such an individual educational

project will be awarded category 1 credit and the number of credit hours. **When** the activity is completed, the physician submits a final report of achievement, including the time devoted to the activity.

AMA PRA Category 2 Activities

In December 1995, category 2 was defined as all **educational** activities not designated category 1 that: 1) comply **with the** AMA definition of CME, 2) comply with AMA ethical opinion on Gifts to Physicians from Industry and on Ethical **Issues in** CME, and 3) a physician finds to be worthwhile learning experience related to his/her practice.

Sponsor-designated AMA PRA category 2

Accredited sponsors may designate conferences and **workshops** as AMA PRA category 2, **in accordance** with the **requirement in Part II**. Sponsors are not required to record and maintain attendance information.

Physician-designated AMA PRA category 2

beaming experiences that are not designated category 1 and are not including **in** the reading requirement can be claimed for category 2 hours, including:

- consultation **with** peers and medical experts,
- developing and reviewing quality assessment data,
- use of electronic data bases in patient care,
- use of enduring materials,
- small group discussions,
- self-assessment activities,
- journal club activities not designated AMA PRA category 1,
- teaching health professionals,
- medical writing,
- teleconferences,
- perceptorships, and
- lectures, seminars, and workshops not designated for credit.

In determining the number of category 2 hours to be reported, physicians can use patient charts and personal notations **as** helpful reminders. For instance, a physician could **recall** that in the course of a week, **he/she** has learned from six **consultations** with experts, averaging 10 minutes each, for a total of about 1 hour. Or a physician could estimate that in the course of a month, **he/she** has learned from four discussions with colleagues, averaging 15 minutes each, for a total of about 1 hour.

Learning required to teach physicians, residents, medical students, and other health professionals can **also** be claimed for category 2 hours.

Up to 10 hours may be claimed for publication of each medical

learning that occurs in preparing an exhibit for an organized medical meeting. Small **group discussions** on a selected journal **article**, which can bridge the gap between information and understanding and application to practice, may also be claimed as category 2.

Self-assessment activities. Another excellent source of category 2 education is a physician's **systematic** reflection on his/her patient care. This systematic **reflection** can be developed with a **series** of written questions that can serve as the basis for individual self-study activities. Such activities can be reported for up to **10** category 2 hours.

Documentation not required. Documentation of category 2 education is not always possible. The physician's report of valuable learning from consultation, library use, and other category 2 activities is acceptable.

Basic Requirements That Apply to All AMA PRA Activities

All activities and hours reported for credit for an AMA PRA certificate, whether standard or with commendation or for **3, 2,** or 1 years, must comply

- with the **AMA** definition of CME and
- with **AMA** ethical opinions on **Gifts** to Physicians from Industry and on Ethical Issues in CME.

In addition, all physicians who apply must certify that they read authoritative medical literature an average of 2 hours per week.

Comply with AMA definition of CME

AJJ CME activities reported for the AMA PRA, whether category 1, category 2, or reading, **must** comply with the definition of CME recognized by the AMA House of Delegates:

CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Some subjects, such as medical ethics, use of electronic databases in patient care, physician/patient communication skills, and understanding the changing medical environment, are applicable to a number of practice areas.

Modalities of diagnosis or therapy sufficiently proven by

medical research and judged to be safe for medical practice a consensus of experts in the field are acceptable subjects for CME. Discussion of modalities not yet generally accepted for use in patient care can be an acceptable subject for CME; the burden of proof is on the sponsor. Continuing education activities that respond to physicians' nonprofessional educational needs or interests, such as financial planning or appreciation of literature or music, do not meet this definition of CME limited to learning activities that related directly to a physician's professional responsibilities.

Comply with AMA ethical opinions

The full text and interpretations of AMA ethical opinions on Gifts to Physicians from Industry (8.061) and on Ethical Issue in CME (9.011) are reproduced at the end of this booklet; additional information is available from the AMA Council on Ethical and Judicial Affairs at 312 4644613. In summary, they contain the following provisions:

Physician participants in CME should:

- choose CME of high quality that is relevant to their educational needs
- choose CME primarily for its educational value, not for amenities unrelated to the educational purpose of the activity
- not accept direct or indirect payment or subsidies from industry to defray the costs of attending a CME activity, eg, travel, lodging, or personal expenses
- claim only credit that is commensurate with the actual time spent in the educational activity

Physicians involved in sponsoring CME should ensure that:

- the activity is scientifically balanced and not influenced by industry or financial contributors
- funding from industry is in the form of an educational grant with no strings attached
- promotion and advertising place primary emphasis on the educational value of the activity, and not amenities unrelated to its educational purpose

Physicians serving as faculty of CME activities should:

- ensure that their presentation is scientifically accurate and balanced
- ensure that content is not influenced by industry or financial contributors
- communicate any conflicts of interest to sponsors and physician participants

The **AMA ethical opinion** on Issues in CME is derived from the importance of maintaining a relationship of trust and confidence between the physician and patient. Physicians who accept gifts relating to CME from commercial entities involved

learning that occurs in preparing an exhibit for an organized medical meeting. Small group discussions on a selected journal article, which can bridge the gap between information and understanding and application to practice, may also be claimed as category 2.

Self-assessment activities. Another excellent source of category 2 education is a physician's systematic reflection on his/her patient care. This systematic reflection can be developed with a series of written questions that can serve as the basis for individual self-study activities. Such activities can be reported for up to 10 category 2 hours.

Documentation not required. Documentation of category 2 education is not always possible. The physician's report of valuable learning from consultation, library use, and other category 2 activities is acceptable.

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All activities and hours reported for credit for an AMA PRA certificate, whether standard or with commendation or for 3, 2, or 1 years, must comply

- with the AMA definition of CME and
- with AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME.

In addition, all physicians who apply must certify that they read authoritative medical literature an average of 2 hours per week.

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Some subjects, such as medical ethics, use of electronic databases in patient care, physician/patient communication skills, and understanding the changing medical environment, are applicable to a number of practice areas.

Modalities of diagnosis or therapy sufficiently proven by

medical research and judged to be safe for medical practice a consensus of experts in the field are acceptable subjects for CME. Discussion of modalities not yet generally accepted for use in patient care can be an acceptable subject for CME; the burden of proof is on the sponsor. Continuing education activities that respond to physicians' nonprofessional educational needs or interests, such as financial planning or appreciation of literature or music, do not meet this definition of CME limited to learning activities that relate directly to a physician's professional responsibilities.

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- choose CME primarily for its educational value, not for amenities unrelated to the educational purpose of the activity
- not accept direct or indirect payment or subsidies from industry to defray the costs of attending a CME activity, eg, travel, lodging, or personal expenses
- claim only credit that is commensurate with the actual time spent in the educational activity

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- funding from industry is in the form of an educational grant with no strings attached
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Physicians serving as faculty of CME activities should:

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- ensure that content is not influenced by industry or financial contributors
- communicate any conflicts of interest to sponsors and physician participants

The AMA ethical opinion on Issues in CME is derived from the importance of maintaining a relationship of trust and confidence between the physician and patient. Physicians who accept gifts relating to CME from commercial entities involved

in selling healthcare products or services may become or be perceived as being biased, which could erode patient confidence in the physician and harm the fundamental physician/patient relationship of trust. If the circumstances in which CME is provided give the impression that physicians are primarily interested in vacation or touring, and are using education as a way of taking tax-deductible trips, the physician/patient relationship is damaged.

Read "authoritative" medical literature

In order to qualify for the AMA PRA certificate, physicians must certify that they read "authoritative" medical literature an average of at least 2 hours per week. This requirement recognizes that multiple physician surveys and CME research confirm that reading medical literature helps physicians keep their practice up-to-date. "Authoritative" medical literature includes articles in peer-reviewed journals, medical textbooks, proceedings of recognized national conferences, etc. Some medical journals and specialty societies aid in this selection process by identifying articles that are especially clinically relevant. Interactive journal clubs can also help bridge the gap between learning and practice.

Applications

All fully-licensed physicians may apply for the AMA PRA; AMA membership is not required. Applications are mailed to physicians 3 months before a valid PRA certificate is due to expire. They may also be obtained by calling 312 464-4664.

Types of Certificates: Standard and "With Commendation"

Physicians may apply for the standard AMA PRA certificate or for a certificate "With Commendation for Self-directed Learning" (see chart, front of booklet). The fundamental difference between the two certificates is in category 2 hours.

For the standard certificate, **category 2 hours, although highly recommended, are not required. The** certificate with commendation requires at least 20 category 2 hours for each year of reported activities, acknowledging research showing that these types of learning activities help physicians improve the way they practice. Self-assessment activities designated for AMA PRA category 1 credit are acceptable in lieu of category 2 activities.

The certificate with commendation especially acknowledges physicians as self-directed learners who determine their learning needs by analyzing data related to their professional responsibilities, including quality assessment and improvement, practice parameters, and practice profiling data;

self-assessment examinations; practice-relevant developments in medicine; and information gleaned from consultation with clinicians or faculty members. They then select the most effective learning from such options as reading authoritative articles, attending a conference, using CD-ROM or other educational materials, or discussions with consultants or colleagues.

Activities That Do Not Earn Credits Toward the PRA

The PRA is earned only by participation in continuing medical education activities. It is not intended as a means of honoring physicians for acts of charity or long and faithful service to the field of medicine. No credit for the PRA can be earned for service on councils, committees, executive committees, or task forces. Further, the certificate for the PRA is neither a character reference nor a certificate of competence and cannot be used for these purposes. The PRA certificate remains the property of the AMA and must be returned to the AMA if requested.

Credit should not be claimed for education which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from clinical experience.

Nor credit for the PRA can be earned for medical editing. Credit can be earned for viewing scientific medical exhibits.

Credit is not allowed for passing examinations. As indicated elsewhere, credit is provided for specialty board recertification in recognition of the education required for such recertification.

Duration

Physicians may apply for a 3-, 2-, or 1 -year PRA when they have completed the requirements (see chart, front of booklet). Applications that include category 1 credits for residency training may be made when at least 3 years have been completed. Applications may not be dated with a future date.

The term of the certificate begins on the date the physician indicates on the application form and expires on the 1st day of the following month 1, 2, or 3 years in the future. For example, a physician applying for a 3-year PRA certificate on April 1, 1999, will be issued a certificate valid until May 1, 2002. Physicians who need AMA PRA certificates with specific expiration dates should attach a written request with their application. Certificates can be dated from any month in the previous year.

Recording CME Credit

The AMA does not at present maintain individual records of AMA PRA category 1 credit earned by physicians from the thousands of category 1 activities sponsored by more than 2,500 organizations accredited by the ACCME and state medical societies. Accredited sponsors are required to maintain records of category 1 credit for physicians requiring documentation or verification.

In general, physicians must maintain their own records of CME credits, based on certificates of category 1 credit, printed programs, or conference brochures. Information needed for AMA PRA category 1 credit, reregistration of license, or other credentialing purposes includes the name of the accredited sponsor that designated the category 1 credit, the maximum number of credit hours that may be earned (physicians may claim **credit hours only** for their actual participation), and the title, location, and exact dates of the **educational** activity. Category 2 **hours** need not be documented or verified by an external **party**; physicians may find it helpful to record the experiences they intend to submit shortly after the learning has occurred.

Application Form and Fee

The application form is self-explanatory. The full, exact name of the accredited sponsor, which may differ from the location of the activity, must be provided. *Certificates of attendance are **not required***, but the application ***must*** be signed, because the signature is accepted as evidence that the physician completed the reported education.

Physicians may attach transcripts of CME activities to the application in lieu of completing the form, indicating clearly that they intend the transcript to serve as an application for the PRA. The AMA returns a PRA application after it is processed and does not maintain a copy. The handling fee for members is \$15.00 for a certificate provided through reciprocity and \$24.00 for processing regular applications. For non-members, the fees are \$30.00 for certificates provided through reciprocity and \$48.00 for processing regular applications. The handling fee is waived for physicians who were in an ACGME accredited residency program at any time during the year preceding the date of the application.

Reciprocity Arrangements

Through reciprocity, a standard AMA PRA certificate can be provided to physicians who have met the CME requirements of

the following organizations:

American Academy of Dermatology (**AAD**)
American Academy of Family Physicians (**AAFP**)
American Academy of Ophthalmology (**AAO**)
American Academy of **Otolaryngology** Head and Neck Surgery (**AAOHNS**)
American Academy of Pediatrics (**AAP**)
American College of Emergency Physicians (**ACEP**)
American College of Obstetricians and Gynecologists (**ACOG**)
American College of Preventive Medicine (**ACPM**)
American Psychiatric Association (**APA**)
American Society of Anesthesiologists (**ASA**)
American Society of Clinical **Pathologists/College of** American Pathologists (**ASCP/CAP**)
American Society of Plastic and Reconstructive Surgeons (**ASPRS**)
American Urological Association, Inc. (**AUA**)
California Medical Association (**CMA**)
Medical Society of New Jersey (**MSNJ**)
Medical Society of Virginia (**MSV**)
National Medical Association (**NMA**)
Pennsylvania Medical Society (**PMS**)

These organizations send letters to physicians who meet their requirements, informing them that the letter can be forwarded to the PRA program for reciprocity purposes. ***Applicants are requested to use these letters.*** The PRA program periodically informs the American Psychiatric Association of psychiatrists who have been provided with the PRA certificate, which satisfies the APA's CME requirements. PRA certificates provided through reciprocity have the same expiration date as the certificate used as the basis for reciprocity.

Physicians from Canada and Mexico

The ACCME has a reciprocity agreement with the Committee on Accreditation of Canadian Medical Schools (CACMS). Canadian medical schools may therefore designate AMA PRA category 1 credit for CME activities that meet all the criteria for AMA PRA credit. Consequently, US and Canadian physicians who participate in accredited continuing medical education activities sponsored by Canadian medical schools can report that participation for AMA PRA Category 1 credit toward the PRA. Canadian physicians who are licensed in one of the provinces of Canada can make application for the PRA reporting either Canadian or US CME. The PRA is also available to Mexican physicians who meet the requirements.

ACCME Requirements for Licensure Reregistration

As of January 1999, the 36 areas listed below had rules for reporting CME in connection with reregistration for the license to practice medicine. Except for the three marked with an asterisk, these areas have implemented the rules and require reports to be submitted. Additional information about area CME requirements can be obtained from the Office of Physician Credentials and Qualifications.

Alabama	Iowa	New Mexico
Alaska	Kansas	North Dakota
Arizona	Kentucky	Ohio
Arkansas*	Maine	Oklahoma
California	Maryland	Puerto Rico
Delaware	Massachusetts	Rhode Island
District of Columbia*	Michigan	Texas
Florida	Minnesota	Utah
Georgia	Missouri	Virgin Islands
Guam	Nebraska*	Washington
Hawaii	Nevada	West Virginia
Illinois	New Hampshire	Wisconsin

State Medical Societies with a CME Requirement for Membership

The nine state medical societies with a CME requirement for continued membership are listed below. Detailed information about these requirements is available from the state society.

Delaware	New York	Pennsylvania
Kansas	North Carolina	Vermont
New Jersey	Oregon	Virginia

Part II: Information for Organizations Sponsoring CME Activities

The Role of Accreditation in the AMA PRA

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for the accreditation of medical schools, state medical societies, and other institutions and organizations that provide CME activities for a national or regional audience of physicians. Only institutions and organizations are accredited. The ACCME and state medical societies do not accredit or approve individual activities. Only in the case of major international conferences does the AMA review, evaluate, and grant credit for individual CME activities.

State medical societies, operating under the aegis of the ACCME, accredit institutions and organizations that provide CME activities primarily for physicians within the state or bordering states. All institutions and organizations accredited by state medical societies are recognized by the ACCME and included in the national list of accredited institutions and organizations.

The accredited sponsor must communicate the learning objectives, identify the "target" audience of physicians, follow all ACCME standards, and maintain attendance records, as stated in accreditation requirements. Institutions and organizations interested in obtaining CME accreditation may contact the ACCME (616 North State Street, Chicago, IL 60610) or their state medical society.

Designating Category 1 or 2 for the AMA PRA

Only institutions and organizations accredited to provide CME can designate an activity for AMA PRA category 1 credit or AMA PRA category 2 hours, following the criteria indicated below.

Institutional CME committees

Institutional CME committees should develop their own procedures and forms to ensure that all activities designated category 1 or category 2 meet the appropriate criteria. Credit designations should be based on documentation. Committee procedures for reviewing activities and designating credit should be kept on file.

CME activity options

Many formats are appropriate for CME activities, including

- Lecture series
- Grand or teaching rounds
- Departmental scientific meetings
- Seminars
- Workshops
- Clinical traineeships
- Personalized CME or "mini-residencies"
- Multimedia self-instruction programs
- Journal reading and use of enduring materials

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, they cover the significant areas of a subject.

Educational objectives match identified needs

Educational objectives should be based on clearly identified needs and should identify the target group. Frequently, group or individual needs can be determined from a practice profile, peer review, self-assessment, or case audit. New medical

knowledge can also serve as a basis for developing educational objectives specific to a particular knowledge level or performance capability.

Brochures and announcements

Brochures, and announcements for CME activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.

Certificates for AMA PRA credit

Sponsors should ensure that attendance certificates are provided only to those who participated in the activity and completed its requirements. Attendance certificates can be provided to all health professionals. Certificates providing **AMA PRA** credit should be issued only to physicians.

Designating Category 1 Credit

The ACCME accredits organizations that design educational activities for physicians from more than one state; state medical societies accredit organizations that provide educational activities for physicians in a local area, usually from only one state. Since both use equivalent accreditation standards and require sponsors to comply with a definition of CME that is the same as the definition accepted for the PRA and with AMA ethical opinions related to CME, the AMA permits these organizations to designate AMA PRA category 1 credit for their formally planned educational activities.

Criteria for designating AMA PRA category 1 credit by an accredited sponsor

An activity can be designated for AMA PRA category 1 if it is sponsored or jointly sponsored by an institution or organization accredited by the ACCME or by a state medical society and if the activity meets the following criteria:

- It conforms to the AMA definition of CME.
- It conforms to AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME and to the ACCME Standards for Commercial Support of CME.
- It is based on perceived or demonstrated educational need.
- It is intended to meet the CME needs of an individual physician or of a specific group of physicians.
- The educational objectives for the activity are stated.
- The content is appropriate for the specified objectives.
- The teaching/learning methodologies and techniques are suitable for the objectives and format of the activity.
- Evaluation mechanisms are defined to assess the quality of the activity and its relevance to the stated needs and objectives.
- There is documentation by the sponsoring institution/organization of physicians' participation.

A formally planned activity is one **that meets all accreditation standards and covers a specific subject area that is scientifically valid, and for which the learning activity is appropriate in depth and scope for the intended physical audience and the stated learning objectives.**

Category 1 designation statement/credit hours

The designation statement for category 1 credit reflects the accredited sponsor's judgement that the educational activity meets all AMA requirements for category 1; physicians may therefore claim category 1 credit for the activity when applying for the PRA certificate or other credentials.

Sponsors determine the maximum number of credit hours an activity by the number of hours dedicated to education in the planned activity. Hours should be expressed in terms of whole or half units of time (eg, 2 hours or 1.6 hours), with the time rounded to the nearest whole or half hour (a conference of 2 hours, 50 minutes, should be rounded to 3 hours).

The accredited sponsor must designate an educational activity for AMA PRA category 1 credit in advance, during planning for the activity; category 1 cannot be designated retroactively. Credit must be clearly indicated in all promotional materials.

Institutions may not indicate in a brochure or an announcement that "AMA PRA credit has been applied for."

The designation statement should be worded as follows:

"The [name of accredited sponsor] designates this educational activity for a maximum of (or "for up to") [number of hours] hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity."

If an educational activity contains sections that do not meet the definition of CME or are not at a level appropriate to physicians, these sections should be clearly identified and excluded from the designation of category 1 credit.

Certificates for category 1 credit

Certificates for AMA PRA category 1 credit are usually given to physicians after they complete the educational activity so that they can document participation if need should arise. Sponsors should be certain to identify the credit hours as **AMA PRA category 1**, since educational activities that do not meet all the requirements set by the AMA for AMA PRA category 1 are sometimes advertised and publicized as "category 1." Accredited sponsors may provide AMA PRA category 1 certificates only to physicians (MDs or DOs). Other healthcare professionals who participate in an educational activity designated as AMA PRA category 1 credit for physicians may be given letters or certificates documenting their attendance.

AMA PRA Category 1 certificates should read:

“[Name of accredited sponsor] certifies that [name of physician] has participated in the educational activity entitled [title of activity] at [location] on [date] and is awarded [number of hours] hours of category 1 credit toward the AMA Physician's Recognition Award.”

Attendance certificates for non-physician participants may read as follow:

“[Name of accredited sponsor] certifies that [name of participant] has participated in the educational activity entitled [title of activity] at [location] on [date]. The activity was designated for [number of hours] hours of AMA PRA Category 1 credit.”

International conferences approved by the AMA

Application to the AMA for approval of category 1 credit for major international CME conferences that cannot be sponsored or jointly Sponsored by an organization accredited by the ACCME must be made at least 4 months prior to the event. Organizations planning international conferences may contact the AMA Division of Continuing Medical Education at 312 4644670 for information on requirements and procedures. Announcements must carry the following statement:

“This Conference has been approved by the AMA for a maximum of [number of hours] hours of category 1 credit towards the AMA Physician's Recognition Award.”

Participation must be verified on site by an official representative of the AMA; the AMA issues certificates of credit and maintains attendance records.

Designating Category 2 Credit

Organizations accredited for their CME program by either the ACCME or a state medical society may assign a specific number of credit hours to activities such as lectures, conferences, and workshops that are designated as AMA PRA category 2 if these activities:

- comply with the AMA definition of CME and AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME.
- are designated by the unit responsible for the sponsor's ACCME or state medical society accredited program.
- meet ACCME Standards for Commercial Support of Continuing Medical Education.
- are judged to be effective learning experiences.
- for some reason do not meet all the criteria for category 1.

For instance, category 2 could be designated if attempting to meet all the criteria for category 1 would make the activity (eg, a small group discussion, an innovative

learning activity) less effective, would result in missing a opportunity (eg, inviting a visiting professor to give a lecture and answer questions), or would mean delay (eg, inability to respond promptly to an urgent need discovered by the quality assurance committee).

Joint sponsorship and designating enduring materials are not permitted for category 2. Sponsors are not required to record and maintain attendance information. The designation statement for category 2 hours should be worded as follows:

“[Name of accredited sponsor] designates this continuing medical education activity for [number of hours] credit hours in category 2 of the American Medical Association Physician's Recognition Award.”

Formal education not designated for category 2

Lectures, seminars, and workshops sponsored by accredited or unaccredited organizations that are not designated category 2 may be claimed for category 2 by physicians. Sponsors of non-designated activities must not refer to accreditation or to category 2 credit in promotional or program material. The only statement sponsors of non-designated activities may use is that “[name of sponsor] has developed this activity in accordance with American Medical Association ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME.”

Withdrawal of Right To Designate Credit

The AMA will withdraw the right to designate AMA PRA category 1 and category 2 credit if the accredited organization is found to be not in compliance with the requirements for the AMA PRA. Accredited sponsors with questions about 1) whether an activity being planned complies with the AMA definition of CME, relevant AMA ethical opinions, and accreditation standards, 2) the scientific validity of the subject matter, or 3) the appropriate depth and scope of the learning objectives for the anticipated physician audience should contact the AMA Division of CME in writing before designating the activity for category 1 credit,

CME Enduring Materials

For the purpose of the PRA, the term “enduring materials” includes CD-ROMs, printed educational material, audiotapes, videocassettes, films, slides, and computer-assisted instruction. It also includes education disseminated by open- and closed-circuit networks, broadcasts by satellite or radio with or without two-way communication, and electronic teaching aids and devices.

Criteria for AMA PRA category 1 enduring materials

When any of the above enduring materials are to be designated AMA PRA category 1, they must meet all of the following criteria:

- Be sponsored or jointly sponsored by an organization accredited for CME by the ACCME or a state medical society.
- Comply with the ACCME Guidelines for Enduring Materials.
- Provide a clear, concise statement of educational objectives and indicate the intended audience.
- Provide clearly stated instructions to the learner.
- Provide supplemental materials to amplify, clarify and reinforce specific information, as well as to give the activity breadth and balance.

These supplemental materials should form an integral part of the activity and contain all of the following, unless inappropriate or duplicative: an outline or study guide; references for both the body of knowledge presented and for individual extended study beyond the content covered in the educational material; graphic or demonstration materials; audio materials; and systems that require student interaction to reinforce the education, such as answering questions or considering a patient-management problem

- Be evaluated in terms of the educational objectives of the activity and their ability to convey information correctly. *Deficiencies found through evaluation should be corrected and the material re-evaluated prior to distribution. Information about the methods of evaluation and the findings and action taken should be available upon request. For materials periodically produced, each subject area, series, or educational unit should be evaluated prior to release. Although the criteria for enduring materials do not require an examination, it is often used as a means of evaluation and of verifying physician participation. If an examination is used as a method of evaluating the materials after distribution, it should measure whether the physician has acquired basic information and whether the physician can integrate, analyze, and apply it in a simulated problem. Examinations should be scored confidentially. Individual scores should be returned to individual physicians on a confidential basis. Composite scores should be made available to the accredited sponsoring organization so that the scores can be used to evaluate and improve the activity. Tests should be sent to the accredited sponsoring organization or a bonded organization for scoring.*
- Have a means of verifying physician participation.
- Provide a local instructor when audiovisual materials designated AMA PRA category 1 for educational materials are used by groups of physicians.

The instructor may be selected by the medical organizations with local responsibility for the program. When a local instructor is required, a suitable instructor's kit must be provided far enough in advance of the program to allow the instructor to be well prepared. The kit should include additional materials, such as an instructor's guide, questions for discussion, additional patient-management problems, materials for display or demonstration, copies of the photographs, charts, graphs, slides, audio materials used in the audiovisual program, materials designed for review of the basic points of presentation, and additional or supplemental materials for distribution.

When audiovisual materials are used as an integral part of an activity designated as meeting the criteria for AMA PRA category 1, the time spent in using these materials is included in the total instruction time reported. The local instructor is expected to participate actively in the activity by leading the discussion. Physicians who serve as local instructors may claim the hours in category 2.

Designating category 1 credits for enduring materials

CME enduring materials designated for AMA PRA category 1 credit must meet all category 1 requirements. Enduring materials not designated for category 1 may be reported for category 2.

The maximum number of category 1 credits that may be designated should be determined by a good faith estimate of the amount of time a physician generally would take in achieving the learning objective. *Physician participants should be instructed to claim only the hours of credit actually earned in studying the CME enduring material.* The document the physician completes and forwards to the accredited sponsor should provide a space for the physician to indicate the actual time spent in studying the material within the maximum number of hours designated. The certificate should be based on the actual time rounded, eg, 1 hour 10 minutes would be 1 hour; 1 hour 50 minutes would be 2 hours; and 1 hour 35 minutes would be 1.5 hours. Accredited sponsors may not designate enduring materials for category 2 credit.

CME Activities in Journals

Journal-based CME of high quality can be designated for AMA PRA category 1 credit, provided the activity is sponsored by an organization accredited by the ACCME or a state medical society. On March 1, 1996, the AMA Council on Medical Education adopted criteria for designating journal articles for AMA PRA category 1 credit. These were revised on December 7, 1996. The revised criteria are:

- The accredited sponsor must ensure that the journal activity

is designed as a CME experience. The **article(s)** on which the activity is based must be peer-reviewed.

- The accredited sponsor should develop a flexible curriculum of topics which would be covered over a defined period of time. These topics should be derived from an assessment of the needs of the journal's readers.
- The activity must include explicit learning objectives for the target audience. The activity must be a formally planned activity that meets all AMA PRA standards. The activity must be balanced and be appropriate in depth and scope for the intended audience.
- Evaluation materials, or an examination, must be provided to determine whether the activity has met stated objectives. The physician must attest that he/she has completed the learning **activity**.

The number of hours of credit designated for the activity should accurately reflect the maximum time that the average reader spends in completing the activity. In most cases, an activity based on a single article is designated for no more than one credit hour.

The AMA encourages a physician to have a balanced program of continuing medical education that does not rely on a single type of learning. Journal-based activities should not be used as the only source of AMA PRA category 1 credit in an application for the Physician's Recognition Award.

Responsibilities of an Accredited Organization for Joint Sponsorship

An accredited organization or institution may jointly sponsor a CME activity with an institution or organization that is not accredited and designate this activity AMA PRA category 1. Joint sponsorship of category 2 is not permitted. In joint sponsorship, the accredited sponsor must meet the requirements of Essential 7 of the ACCME Essentials, which provide that the accredited sponsor must assure that the activity meets all ACCME Essentials participate integrally in planning, implementing, and evaluating the activity. Thus the accredited sponsor must exercise the same responsibility for the CME activity it jointly sponsors as for a CME activity for which it is the sole sponsor. An accredited sponsor cannot enter into joint sponsorship after a program has been completely developed.

The name of the accredited sponsor designating credit for the jointly sponsored activity should appear on all promotional materials and the printed program. If more than one accredited sponsor jointly sponsors a CME activity, one should assume primary responsibility for the activity and should designate the credit.

Requirements for Education in New Procedures

The AMA Councils on Medical Education and Medical Service have issued four reports on physician credentialing and privileging. These reports are concerned with the information needed by hospitals and other health care organizations to grant new or expanded clinical privileges based on education undertaken after completion of residency training. Responsibility for granting such privileges lies with institutional credentials committees. Frequently, the committees require proctoring and monitoring of physician skills in the new procedure before final granting of privileges.

In order to assist institutions in proctoring and monitoring physician skills in a new procedure, the AMA PRA rules now require that **sponsors** of courses in new procedures provide participation certificates indicating which of the following levels the physician attendee has met:

- Level 1: Verification of attendance: the physician attended and completed the course.
- Level 2: Verification of satisfactory completion of course objectives: the physician satisfactorily met all the learning objectives specified for the course.
- Level 3: Verification of "proctor readiness": the physician attended and completed the course (level 1), satisfactorily completed all of the course objectives (level 2), and is able to perform the procedure under proctor supervision.
- Level 4: Verification of physician competence to perform the procedure: the physician has met levels 1, 2, and 3, has been proctored, and is competent to perform the procedure without further supervision.

Accredited organizations that provide CME in new procedures designated for AMA PRA Category 1 credit are expected to indicate which of the above levels participants have met, in addition to providing the usual certificate of AMA PRA credit.

AMA Statement on the Suitability of Education for Designation as AMA PRA Category 1 or 2

Education describing and explaining health care practices (e.g. alternative/complementary health care practices), including a discussion of the level of scientific evidence supporting them, is an appropriate subject for CME.

However, education which advocates specific therapies or procedures and instructs how to perform them in the absence

of generally accepted evidence that the therapies or procedures are **efficacious** and safe in the medical care of patients, is not appropriate for CME designated for **AMA PRA** category I or category 2 credit.

Providers of CME must ensure that the content of the educational activity being designated for AMA credit is scientifically based, accurate, current, and that it is presented in a balanced, objective manner.

JCAHO Compliance

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that medical staff undertake CME related to their **staff appointments**. **PRA** staff have met with **JCAHO** to discuss how PRA requirements could be brought into line with this requirement. The JCAHO has reviewed **PRA** requirements and the PRA application form. At its suggestion, an entry has been added to the form allowing a physician to indicate the specialty or practice. At the request of physician applicants or as part of an agreement between a healthcare organization and the PRA program, applications will be reviewed to determine that a majority of the education reported is in the specialty of the physician's practice. When this is the case and the application is otherwise acceptable, it will be stamped "approved" and returned either to the physician or directly to the healthcare organization for inclusion in medical staff records. The JCAHO has agreed that a PRA application form reviewed in this way and marked as approved by the PRA program will be acceptable as evidence of completion of a satisfactory program of CME.

Consultation and Appeals

AMA PRA staff offer consultation to individuals and organizations regarding questions about the correct **AMA PRA** category and number of hours for a specific activity. Accredited sponsors' brochures and announcements of CME activities are monitored by PRA staff. When warranted, follow-up inquiries are made to determine whether the designated criteria for the category and hours are met. Incorrect designations can usually be resolved through consultation with PRA staff. Unfavorable interpretations made by PRA staff may be appealed to the Continuing Medical Education Advisory Committee and, if necessary, to the Council on Medical Education of the **AMA**.

Gifts to Physicians from Industry

The following opinion of the Council on Ethical and Judicial Affairs of the American Medical Association, issued on December 3, 1990, has been incorporated into the AMA's Code of Medical Ethics.

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Opinion 8.061

Many gifts given to physicians by companies in the **pharmaceutical**, device, and medical equipment industries **serve** an important and socially beneficial function. **For example**, companies have long provided funds for educational seminar and conferences. However, there has been growing **concern** about certain gifts from industry to physicians. Some gifts **th** reflect customary practices of industry may not be consistent with the principles of medical ethics. **To** avoid the **acceptanc** of inappropriate gifts, physicians should observe the **followin** guidelines:

- Any **gifts** accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, **an** other gifts are appropriate if they serve a genuine **educational** function. Cash payments should not be accepted.
- Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads).
- Subsidies to underwrite the costs of **continuing** medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's sales representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor, who, in turn, can use the money to reduce the conference registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians who are attending the conference.
- Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of the physicians who are attending the conferences or meetings, nor should subsidies be accepted to compensate for the physician's time. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements

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cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

- Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution.

- No gifts should be accepted if there are strings attached.

For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

Reprint requests to the Council on Ethical and Judicial Affairs, American Medical Association, 515 North State Street, Chicago, IL 60610.

Ethical Issues in Continuing Medical Education

At its 1991 Annual Meeting, the AMA House of Delegates adopted Substitute Resolution 64, which requested the AMA to "develop and publish guidelines to assist physicians in identifying CME of high quality responsive to their needs, and promulgate ethical principles regarding the responsibilities of physicians to participate in CME programs which they claim for CME recognition, credit or other purposes." The Council responds to the resolution with the following opinion derived from Principles I and V of the Principles of Medical Ethics.

Opinion 9.011: Continuing Medical Education

Physicians should strive to further their medical education throughout their careers, for only by participating in continuing medical education (CME) can they continue to serve their patients to the best of their abilities and live up to professional standards of excellence. Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's ethical obligation to maintain his or her medical expertise.

Attendees

1. The physician choosing among CME activities should assess their educational value and select only those activities which are of high quality and appropriate for the physician's educational needs. When selecting formal CME activities,

the physician should, at a minimum, choose only those activities that:

- a. are offered by sponsors accredited by the Accredited Council for Continuing Medical Education (ACCME), state medical society, or the American Academy of Family Physicians
- b. contain information on subjects relevant to the physician's needs
- c. are responsibly conducted by qualified faculty
- d. conform to Opinion 8.061: Gifts to Physicians from Industry

2. The educational value of the CME conference or activity must be the primary consideration in the physician's decision to attend or participate. Though amenities unrelated to the educational purpose of the activity may play a role in the physician's decision to participate, this role should be secondary to the educational content of the conference.

3. Physicians should claim only credit commensurate with the actual time spent attending a CME activity or in studying CME enduring material.

4. Attending promotional activities put on by industry or the designees is not unethical as long as the conference conforms to Opinion 8.061: Gifts to Physicians from Industry and is clearly identified as promotional to all participants.

Faculty

- I. Physicians serving as presenters, moderators, or other faculty at a CME conference should ensure that:

- a. research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner
- b. the content of their presentation is not modified or influenced by representatives of industry or other financial contributors, and they do not employ materials whose content is shaped by industry. Faculty may, however, use scientific data generated from industry sponsored research, and they may accept technical assistance from industry in preparing slides or other presentation materials, as long as this assistance is of only nominal monetary value and the company has no input in the actual content of the material.

2. When invited to present at non-CME activities that are primarily promotional, faculty should avoid participation unless the activity is clearly identified as promotional in its program announcements and other advertising.
3. All conflicts of interest or biases, such as financial connection to a particular commercial firm or product, should be disclosed by faculty members to the activity's

sponsor **and** w **the** audience. Faculty may accept reasonable honoraria and reimbursement **for expenses in accordance** with Opinion 8.061: Gifts to Physicians from Industry.

Sponsors

1. Physicians involved in sponsorship of CME activities should ensure that:
 - a the program is balanced, **with faculty** members presenting a broad range of scientifically supportable viewpoints related to the topic at hand
 - b. representatives of industry or other **financial** contributors do not exert control over the choice of moderators, presenters, or other faculty, or modify the content of faculty presentations. Funding from industry or others may be accepted in accordance with Opinion 8.061: Gifts to Physicians from Industry.
2. **Sponsors should not promote** CME activities in a way that encourages attendees to violate the guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061: **Gifts to Physicians** from Industry, or the principles established for the American Medical Association Physician's Recognition Award. CME activities should be developed and promoted consistent with guideline 2 for Attendees.
- 3, Any non-CME activity that is primarily promotional must be identified as such to faculty and participants, both in its advertising and at the conference itself.



The Accreditation Council for Continuing Medical Education and the CME Accreditation Process

The Accreditation Council for Continuing Medical Education (ACCME) referred to throughout this booklet is an independent body in operation since 1981. The purpose of the ACCME is to accredit institutions and organizations that sponsor continuing medical education (CME) for physicians. The ACCME accredits national CME sponsors and recognizes state medical societies as local accrediting agencies. Organizations that market or advertise their CME activities to physicians beyond contiguous states are eligible for ACCME accreditation. The ACCME CME accreditation and recognition system is critical to quality CME programming.

The ACCME has seven member organizations: the American Board of Medical Specialties, American Hospital Association, AMA, Association of American Medical Colleges, Associations for Hospital Medical Education, Council of Medical Specialty Societies, and Federation of State Medical Boards. The ACCME also includes a representative from the Federal government and a public member.

The purpose of the ACCME accreditation process is to assure physicians and the public that CME activities have been planned and implemented by a sponsor that has met the accepted CME standards, as **delineated** in the ACCME documents Essentials, Guidelines, and Standards for Accreditation of Sponsors of CME.

Please contact the ACCME directly for additional information.

Accreditation Council for Continuing Medical Education
515 North State Street, #7340
312 464-2500
312 464-2586 (fax)

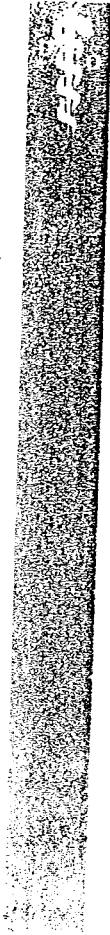
For More Information.. .

Accreditation of national sponsors of CME, accreditation standards, or application procedures	312 464-2500 (ACCME)
Accreditation of sponsors designating CME for physicians- in a local community or within a state	State medical society
AMA approval of international conferences for category I credit	312 464-4670 312 464-5830 (fax)
AMA PRA information booklet and/or application form	312 464-4664 312 464-4567 (fax)
AMA sponsored CME, eg, CD ROM category I activities	312 464-5990 312 464-5830 (fax)
Clarification of the AMA PRA requirements and credit system	312 464-4665 312 464-4567 (fax)
General CME issues	312 464-4670 312 464-5830 (fax)
Status of a PRA application that has been sent to the AMA	312 464-4665 312 464-4567 (fax)

Visit the **CME** Select site on the Internet for the most current version of the AMA PRA Information Booklet:
<http://www.ama-assn.org/cme>

Membership in the AMA

Membership in the American Medical Association permits you to contribute to preserving what is best from medicine's past and improving education and practice for the physicians of tomorrow. Call or write the AMA Department of Membership.
515 North State Street
Chicago, Illinois 60610
800 262-3211
fax 800 262-3221



CONTINUING MEDICAL EDUCATION GUIDE

*American Osteopathic
Association
1998-2000*

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INTRODUCTION

This edition of the CME Guide **includes** certain changes in the **requirements**, guidelines and procedures of the **American Osteopathic Association's** program on continuing medical education effective January 1, 1998.

These changes are reflective of experiences accumulated by the AOA's Council on Continuing Medical Education (AOA Council) in administering the program since it was initiated on June 1, 1973, and include many specific **recommendations** made by those participating in the program.

While the objectives of the CME program remain the same, these changes are intended to simplify **administrative** procedures and make all requirements, guidelines and protocols more easily understood.

This document is designed to serve as a handy reference which should answer most questions concerning the CME program. It can serve its intended purpose only if it is read thoroughly and its contents absorbed. This Guide may be referred to as specific questions arise concerning CME. The special summary found on the center pages should be **particularly** helpful in answering the most common questions.

The Council welcomes comments and suggestions from all individuals and organizations participating in this CME program of the AOA. Questions and concerns should be directed to the Department of Education, Division of Continuing Medical Education, American Osteopathic Association, 14'2 E. Ontario Street, Chicago, Illinois 60611.

Chairman
Council on
Continuing Medical Education.

STATEMENT OF PURPOSE

The purpose of the **AOA's** continuing medical **education** program is the growth of knowledge, the refinement of skills and the deepening of understanding for the osteopathic profession.

The ultimate goals of continuing medical education **are** continued excellence of patient care and improving **the** health and well-being of the individual patient and the public.

The American Osteopathic Association's mandatory program of continuing medical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

The AOA's CME program is implemented by granting credits to osteopathic physicians for their participation in approved CME activities sponsored by recognized organizations, institutions and agencies.

Specifically excluded from credit, however, are educational programs leading to any formal advanced standing within the profession. These include predoctoral courses in colleges of osteopathic medicine, internships, residencies and fellowships.

Approved educational activities may be formal or informal, full-time or part-time. These include, but are not limited to, scientific seminars, workshops, refresher and post-graduate courses, lectures, home study, and local, state, regional and national medical meetings.

The American Osteopathic Association grants CME credits to osteopathic physicians for their participation in educational activities meeting specific criteria. These criteria, depending on the type of activity, are described on subsequent pages.

The AOA is a member of the inter-organizational task force known as the "Task Force on CME and Industry Collaboration", and has developed its policies and procedures so that this CME program is in compliance with the Uniform Guidelines for Accrediting Agencies of Continuing Medical Education. These guidelines are included as Appendix A of this CME Guide.

In all cases, credit is granted only after the educational activity has been completed and documented. Sponsors must have AOA accreditation for conducting a formal osteopathic program. They may submit programs in advance to the AOA Division of Continuing Medical Education for review. If a program meets criteria, the sponsor will be notified that "initial" approval has been granted, or that the program may be "eligible" for CME credits. Mention of such approval or eligibility may be included in announcements of the program and the printed program itself. It is not mandatory, however, that a program be approved in advance to be eligible for CME credit since final determination of credits and categories are made only after a program has been completed.

Physicians are encouraged to consult various AOA publications, including the AOA COMING EVENTS, published in THE DO to plan their CME activities in advance, compatible with their personal and professional interests and needs.

The policies and procedures for seeking accreditation as an AOA Category I Sponsor of CME are described in the document entitled, "AOA Accreditation Requirements - Category I CME Sponsors". That document also contains the definitions used in the accreditation program and describes approved standards and procedures for the conduct of CME programs under this accreditation. Copies of that document may be obtained, free of charge, upon request from the AOA's Division of CME at the address listed earlier in this CME Guide. A synopsis of the quality guidelines is listed below.

The AOA CME quality guidelines are:

1. CME will be systematically organized and administered.
2. The program should focus on the needs of the participants.
3. The programs should be based on some type of needs assessment. Some examples of these needs assessment tools are as follows:

A. Medical Audit (Identifying Needs)

1. Develop criteria of excellence
2. Collect and summarize data.
3. Analyze and interpret data.

B. Pre-Test item analysis (Identified Needs)

C. Self-Assessment (Identified Needs and Felt Needs)

D. Questionnaire (Physician Felt Needs)

4. The CME program must establish faculty for CME with adequate credentials.
4. Every program must have stated and printed educational objectives. The objectives must state what the physician must know or be able to do at the end of the program, for example: correction of outdated knowledge, and new knowledge in specific areas; master new skills, change attitudes or habits, etc.
6. The primary evaluation and assessment of the program are the responsibility of the accredited CME sponsors
7. CME programs should include a variety of course class alternatives and encourage innovative program development.
8. Each program must have a statement as to the type of audience for whom the program is designed, and the program should be relevant to the practice needs of the audience.
9. The sponsors and providers should encourage active participation by the physician wherever possible.
10. Attendance records must be kept as means of assuring that those attending a program are given proper credit toward their CME requirement.
11. Sponsors and providers shall conduct a post-course evaluation.
12. The sponsors and providers should assure that proper facilities and equipment are provided to enable the presenter to teach effectively.
13. If two or more sponsors act in association, the responsibility for complying with the standards for quality is held jointly. If an accredited sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA accredited sponsor or sponsors be identified in the title, advertising and promotional materials and the responsibility for adherence to the standards of quality must rest with the AOA accredited sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs (AOA Board of Trustees Resolution 85 (A/89)).

The American Osteopathic Association grants credit for Continuing Medical Education on a three year calendar period. The prior "three-year" period of the CME program was January 1, 1995 through December 31, 1997. Required CME credit hours were earned at any time within that calendar period.

No credit was granted for activities pursued prior to January 1, 1995. No credits can be carried beyond December 31, 1997.

As of January 1, 1998, all osteopathic physicians participating in the program begin an entirely new calendar and will be expected to meet all CME requirements for each new calendar period thereafter.

All AOA Members - All AOA members are required participate in the CME program and meet specified CME credit hour requirements to remain eligible for continuing membership in the Association, unless exempted. Certified or board eligible Osteopathic physicians must meet additional requirements related to their basic certification.

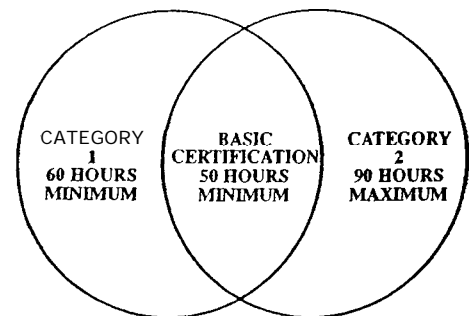
Except as indicated in the exemptions, and reduction or waiver of requirements sections below, AOA members are required to obtain a minimum of 150 CME credit hours for each 3-year calendar period.

A minimum of 60 credits of the total requirement must be obtained under Category I-A or I-B, described below. The AOA Council believes that peer interaction is an important component of a professional's continuing education. It is for this reason that a minimum of 30 credits must be earned in Category I-A unless waived based upon individual, mitigating circumstances. However, the full CME requirement of 150 credits may be earned under category I in which case a maximum of 90 credits may be applied to Category I-B.

A maximum of 90 credit hours of the total requirement may be earned under Category 2, described below.

Certified Physicians - Physicians who are board certified or board eligible must earn a minimum of 50 credit hours or more in their primary specialty as may be mandated by the board of their primary certification in each 3-year CME period. These hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Physicians who are board certified or board eligible in more than one specialty will be monitored in the primary certification area of their most recently obtained certification unless they submit a formal request to be monitored in one of their other specialties. Physicians will be monitored in one specialty only.



EXEMPTION

AOA members specifically exempted from the CME program requirements include the following:

- * Retired members, who do not hold an active license to practice.
- * Associate members.
- * Regular members outside the limits of the U.S. and Canada.
- * Student members.
- * Members actively engaged in formal postgraduate programs such as internships, residencies and other approved training programs which lead to formal advanced standing within the profession.
- * Members actively participating in other AOA recognized postgraduate programs will qualify for exemption for the period of such training.
- * Military members assigned positions other than in their specialty, or who are involved in significant military operations.
- * members who are permanently disabled.

INDIVIDUAL ACTIVITY REPORTS (IARs)

Any osteopathic physician may participate in the AOA program and have his/her credits entered on the Individual Activity Report (IAR). This record may be used to document the attainment of CME credits sufficient to satisfy CME requirements of the physician's divisional society, practice affiliate, state licensing boards, credentialing body or the osteopathic healthcare facility in which the physician practices.

REDUCTION OR WAIVER OF REQUIREMENTS

The AOA Council will formally consider requests for reduction or waiver of CME requirements based on individual mitigating circumstances. Such requests, submitted in writing, should contain complete information indicating why reduction or waiver is indicated. All information will be held strictly confidential. Formal notification of the AOA Council's decision will be forwarded to the applicant as soon as possible.

Requirements also are reduced for AOA members who experience a change in membership or practice status between the beginning and end of each 3-year calendar period. Examples include completing postdoctoral training and entering clinical practice, temporarily leaving practice for health or other personal reasons, re-entering practice or becoming an AOA member for the first time.

In such instances the number of credit hours required is reduced on a pro-rated formula. and the change entered on the physician's individual activity report of CME credit recorded.

The AOA Council may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians on active duty in the military or public health service within the 48 contiguous states. The AOA Council may consider the waiver of the Category 1 requirement for physicians on active duty in the military and public health services outside the 48 contiguous states. However, in each instance, the physician must meet or exceed the total requirement of 150 hours per 3-year period or justify a request for waiver of hours from the Council on Continuing Medical Education. This policy applies to physicians on active duty who participate in medical programs authorized for uniformed physicians.

The AOA Council may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians residing in small states. Small states refers to areas or states within the United States and its territories in which the population of practicing osteopathic physicians is less than 200, excluding members on active duty in the military or public health services.

CME ACTIVITY BY CATEGORY

Category 1. This category includes programs which offer a significant portion of osteopathic content. A minimum of SIXTY (60) credit hours of the total 150-hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths (2/5) of their total credits under Category 1. However, any physician may fulfill all AOA CME requirements under this category.

Category 1-A. This category includes formal educational programs that are designed to enhance clinical competency and improve patient care and are sponsored by AOA accredited institutions, organizations, and their affiliates who meet the quality standards as defined by the AOA. A minimum of THIRTY (30) credits must be in category 1-A unless waived based upon individual, mitigating circumstances.

Category 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide a faculty of which at least 50% of the presenters shall be osteopathic physicians

- grees and have **clinical or professional** appointments at osteopathic institutions. The AOA Council has been authorized by the AOA **Board of Trustees to review** and grant exemption from this requirement for any CME program sponsored by a specialty college or society, or any program for which the audience will consist largely of non-family practice physicians. Such review will occur only on a program by program basis. Exemption is solely at the discretion of the AOA Council. A copy of the **procedures** for requesting this exemption may be obtained from the AOA Division of CME (Resolution. 43 (A/94)).
2. The **sponsor** must provide evidence of integrating osteopathic principles and practice into the program.
 3. The sponsor shall identify and use presenters who will teach in a planned program. The suggested criteria for presented selection include:
 - A. Appropriate Credentials
 - B. Competence as a teacher
 - C. Knowledge of content area
 - D. Qualification by experience
 4. The sponsor must provide the AOA with the name and telephone number of the provider responsible for administration of Category I -A CME activities.
 5. Involved faculty must have credentials appropriate to expertise required.
 6. Advertising and promotion of CME activities must be carried out in a responsible fashion, clearly showing the educational objectives of the activity; the nature of the audience that may benefit from the activity; the cost of the activity to the participant and the items covered by the cost; the amount of CME credit that can be earned in compliance with the **AOA CME Guide**; and the credentials of the faculty.
 7. Maintenance and availability of records of participation in **CME** activities should be adequate to serve the needs of participants and others requiring this information.
 8. The participants, upon their request, must be provided with a certificate or some other document attesting to the satisfactory completion of the CME activity.
 9. The sponsor must have a written policy dealing with procedures for the management of grievances and fee refunds.
 10. The sponsor should assure that a sound financial base is established for the planned CME programs and activities. Budget planning for CME should be clearly projected. The program should not be presented for the

11. An appropriate number of qualified faculty for each activity shall be secured by the sponsor.
12. Adequate supportive personnel to assist with administrative matters and technical assistance shall be available.
13. The sponsor provides a means for adequately monitoring the quality of **faculty** presentations.
14. The sponsor must insure adequate program participation evaluation as suggested in the quality standards.
15. AOA accredited CME sponsors shall comply with the Uniform Guidelines for Accrediting Agencies of Colleges and Universities as adopted by the AOA. Copies of the Uniform Guidelines are in Appendix A of this Guide.

NOTES:

- Moderators will not be considered faculty if they simply introduce speakers and their topics. To fulfill the definition of faculty, they must actively participate in the educational program.
- Some formal educational programs co-sponsored by accredited osteopathic institutions and organizations may be eligible for Category I-A credit depending on individual circumstances.
- The FDA has ruled that a CME sponsor who cannot demonstrate administrative hardship may allow a third party to handle the financial arrangements for a CME program. The AOA Board of Trustees has determined that sponsors having two (2) or fewer full time equivalent staff will be considered to have administrative hardship (Resolution 26 (A/95)).

STANDARDIZED LIFE SUPPORT COURSES

The following standardized life support courses are eligible for Category I-A credit:

1. Advanced trauma life support, for both provider and instructor courses
2. Advanced cardiac life support, for both provider and instructor courses
3. Basic cardiac life support-C (BLS-C)
4. Basic cardiac life support-C (BLS-C) recertification
5. Advanced cardiac life support (ACLS) recertification
6. Pediatric advanced life support, for both provider and instructor courses
7. Neonatal advanced life support, for both provider and instructor courses
8. Advanced life support in obstetrics

STANDARDIZED FEDERAL AVIATION COURSES AND UNITED STATES ARMY COURSES

The following standardized federal aviation courses sponsored by the Federal Aviation Administration and the United States Army courses are eligible for Category I-A credit:

1. Aviation medicine
2. Army flight surgeon primary course

OSTEOPATHIC MEDICAL TEACHING

Delivery of formal osteopathic medical education in a didactic format shall be eligible for category I-A credit on an hour-by-hour basis.

Methods of such education would include, formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine, formal delivery of osteopathic medical education lectures to students, interns, residents, and staff of AOA approved healthcare facilities.

One hour of credit will be granted for each hour of actual instruction.

Category 1-B - This category includes development and publication of scientific papers and electronically communicated osteopathic educational programs, serving as osteopathic healthcare facility and college accreditation approval inspectors or consultants, conducting and developing certifying board examinations, AOA accredited or approved osteopathic healthcare committee and departmental meetings with the review and evaluation of patient care, other osteopathic CME activities and programs, and other CME programs approved for Category I credit by the AOA Council. Credit may be granted for serving as a preceptor in any AOA approved osteopathic medical educational program. One hour of credit will be granted for each hour of actual instruction.

Maximum credit allowed for acceptable educational activities under any combination of Category 1-B are ninety (90) per 3-year period.

SCIENTIFIC PAPERS/PUBLICATIONS

This category includes development and presentation of scientific papers and electronic communication programs intended for physician education.

An original scientific paper is defined as one which reflects a search of literature, appends a bibliography, and contains original data gathered by the author. Its initial presentation must be before a postdoctoral audience qualified to critique the author's statements.

Preparation in published form or electronic communication activities includes audio, video, teleconference, closed-circuit, and computer-assisted instruction programs. Maximum allowable credit for a presentation will be ten (10) credit hours. A copy of the paper or electronic communication program in finished form shall be submitted to the AOA Division of CME. Publication of a paper or electronic communication program recognized by AOA may, on recommendation from the AOA Department of Publications, receive a maximum of fifteen (15) hours of credit.

CONDUCTING HEALTHCARE FACILITY INSPECTIONS/SPECIALTY BOARD EXAMINATIONS

These inspection activities include participating in inspection programs for AOA-accreditation and/or approval of healthcare facilities and colleges; and conducting clinical examinations of osteopathic certifying boards. Five (5) credits will be granted for each healthcare facility or college inspection or examination. Up to five (5) CME credits may be granted to physicians administering clinical examinations, but not to those taking the examination.

HEALTHCARE FACILITY EDUCATION/OSTEOPATHIC MEETINGS

Attendance at AOA-accredited healthcare facility committee and departmental meetings concerned with the review and evaluation of patient care, qualifies for Category 1-B credit on an hour-by-hour basis.

Examples of such peer review activities might include

1. Tumor Board and Tissue Committee meetings;
2. Mortality Review meetings;
3. Clinical Pathological meetings;
4. Chart and Medical-Record Audits, and Discharge Review meetings;
5. Utilization Review meetings.
6. Quality Improvement Committee meetings. Healthcare facility staff, departmental and divisional education meetings may be granted CME credit under this category. However, no credit may be granted for meetings entirely devoted to a healthcare facility's business or administrative affairs.

OTHER OSTEOPATHIC CME

Other osteopathic CME activities can be approved by the AOA Council. This category will include osteopathic self-evaluation tests, qualified osteopathic medical education

quarantine regulatory osteopathic seminars, osteopathically sponsored audio/video-taped programs, and computer assisted instruction, and osteopathically sponsored quality assurance and risk management seminars which are not clinical in nature.

For audio and video taped programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed with a passing grade of 70% and returned to the sponsor. For computer assisted instruction, credit will be recommended at the rate of one credit per hour of time spent in completion of the program by the program sponsor and approved by the AOA Council. A post course evaluation demonstrating a passing grade of 70% will be required to obtain credit.

Category 2 — A maximum of ninety (90) credit hours of the 1.50 hours may be earned under this general category, with specific maximum credits indicated under the subcategories described below. This broad category is intended to encourage the widest possible selection of both formal and informal educational activities and allow CME credits for many educational programs already engaged in by osteopathic physicians. Programs in Category 2 are offered either by AOA Accredited Category 1 Sponsors (see comments for Category 2-A below), by non-osteopathic sponsors who are accredited by The Accreditation Council for Continuing Medical Education (ACCME), or programs accredited by the American Academy of Family Physicians (AAFP)."

Category 2-A — This category includes formal educational programs that are designed to enhance clinical competency and improve patient care, and are sponsored by accredited institutions, organizations and agencies who meet the quality standards as defined by the AOA, the ACCME, or the AAFP. **Formal educational programs sponsored by accredited osteopathic institutions, organizations, and their affiliates which do not meet the criteria under Category 1-A may be granted credit under Category 2-A.**

This category is intended to allow osteopathic physicians the widest possible freedom of choice in attending formal educational programs of all sponsors recognized by the AOA Council.

Examples of recognized sponsors include but are not limited to:

1. Accredited medical schools and healthcare facilities.
2. Medical societies and specialty practice organizations.
3. Continuing medical education institutes.

4. Governmental health agencies and institutions.

Category 2-R — Other, less formal, CME activities and programs may be approved for Category 2-B credit by the AOA Council, including scientific exhibits, home study and non-AOA accredited healthcare facility committee departmental meetings concerned with the review of patient care, formal and informal educational activities specifically approved by the AOA Council conducted by non-AOA accredited sponsors.

HEALTHCARE FACILITIES MEETINGS NON-OSTEOPATHIC

Attendance at non-AOA accredited and/or approved healthcare facilities committee and departmental meetings of an educational nature, such as tumor board and tissue committee meetings, mortality review, medical records audits, utilization review, and quality improvement, may qualify for Category 2-B credit. Healthcare facilities staff departmental and division educational meetings may be granted credit under this category.

No credit may be granted for meetings entirely devoted to a healthcare facility's business or administrative affairs.

HOME STUDY

Home Study -The AOA Council strongly believes that participation in formal, on-site CME programs is essential in fulfilling a physician's total educational needs. The AOA Council is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. For these reasons, the Council has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting those credits.

Reading — CME credits may be granted for reading the Journal of the AOA, THE D.O., and other selected journals published by AOA affiliated and accredited osteopathic organizations. One-half (1/2) credit per issue is granted for reading these journals. The AOA Board has authorized the AOA Council to award three (3) credits for reading the JAOA and completing the post-test exam found in this journal (Resolution 24 (A/95)). This CME quiz must be submitted to the AOA Department of Publications for grading. Credit will be granted upon confirmation of a passing grade of 70% to the CCME.

CME credit for all other reading is limited to recognized scientific journals listed in Index Medicus. One-half (1/2) credit per issue is granted for reading these recognized journals.



THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA OFFICE OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVENTHOUGHTHEY MAY EXCEEDTHE MAXIMUMALLOWABLEFORA PARTICULAR CATEGORY. TOTAL HOURSAPPLICABLE TO YOUR AOA CME REQUIREMENTS ARE INDICATEDIN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNINGTHEREQUIREMENTS, GUIDELINESAND PROCEDURES OFTHEAOAPROGRAM MAY BE FOUND INTHE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THE REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATIONS SOTHATYOUR RECORD MAY BE CORRECTED.

JOHN DOE, D.O.
12345 MAIN STREET
CHICAGO, IL 60611

AOA NO. 00145

☒ AOA MEMBER REQUIRED
☐ AOA MEMBER EXEMPT
☐ NON MEMBER

150 CME HOURS REQUIRED FROM 01101198 TO 12/31/00 DATE RECORDED AS OF 12/31/00

DATE	PROGRAM NUMBER	NAME	CATEGORY	HOURS
02/10/98	00002	PAPER/PUBLISHED	1-B	10.0
06/30/98	00005	HEALTHCARE FACILITY MEETINGS/ NON OSTEOPATHIC	2-B	30.0
06/30/98	00010	HEALTHCARE FACILITY MEETINGS/ OSTEOPATHIC	1-B	15.0
08/20/98	00100	ANNUAL CONVENTION/U-CA	2-A	20.0
09/15/98	00109	EMERG MEDASSEMBLY/ACEP ** HRS APPLIED TO PRI SPEC REQ **	2-A	16.0 16.0
10/04/98	00150	*1998 ANNUAL CONVENTION/AOA ** HRS APPLIED TO PRI SPEC REQ **	1-A	22.0 22.0
11/10/98	00165	*ACLS COURSE/AMERICAN HEART ASSN ** HRS APPLIED TO PRI SPEC REQ **	1-A	16.0 16.0
11/11/98	00009	SCIENTIFIC EXHIBIT	2-B	10.0
12/31/98	00008	*HOME STUDY/OTHER ** HRS APPLIED TO PRI SPEC REQ **	2-B	24.0 24.0

1-A 1-B
38.0 25.0
2-A 2-B
36.0 64.0

TOTAL ACCEPTABLE
HOURS RECORDED
63.0

HOURS ACCEPTABLE
TOWARD REQUIREMENT
63.0

AOA
REQUIRED HOURS
150.0

100.0

90.0

REQUIREMENT
FULFILLED

TOTAL CATEGORY 1 & 2

163.0

153.0

YES

BASIC CERTIFICATION: EM 50 HRS REQD

78.0

78.0

YES

CME credits may be granted for mediated physician education programs recognized by the AOA or those considered to be in conformance with guidelines set by the AOA Council. These educational experiences could include audio cassette programs, video cassette programs, or computer assisted instruction. For each of these experiences, the sponsor may recommend that credit be awarded at the rate of one (1) credit per hour of direct participation if an accompanying CME quiz is completed with a passing grade of 70%, and the sponsor confirms this to the AOA.

Other Home Study Courses — Subject-oriented and refresher home study courses and programs sponsored by recognized professional organizations may be eligible for CME credit, at the discretion of the AOA Council. The number of credit hours indicated by the sponsor will be considered in the AOA Council's evaluation of the program.

SCIENTIFIC EXHIBITS

Examples of scientific exhibits are preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Appropriate documentation must be submitted with the request for credit. Ten (10) credits will be granted for each new and different scientific exhibit.

OTHER APPROVED CME

Other approved CME include all other programs and modalities of continuing medical education as they may be requested, verified and documented by the AOA Council.

Included under this category are formal and informal educational activities such as educational development; faculty development, physician administrator training; quality assessment programs; observation at medical centers; medical economics; programs dealing with experimental and investigative areas of medical practice; and programs specifically approved by the AOA Council conducted by non-recognized sponsors. Programs on risk management which are primarily of administrative nature may be eligible for CME credit under category 2-B.

REPORTING CME ACTIVITIES

Reporting of CME activities may be submitted to the Division of Continuing Medical Education by either sponsor or individual physicians.

It is mandatory, however, that each report of CME activities be submitted on the appropriate form. Only in this way can appropriate credits under the appropriate category be entered on the individual physician's CME computer

record. Sponsors and physicians should not indicate more than one program or **type** of activity on a single form. Copies of appropriate forms may be obtained from the AOA Division of Continuing Medical Education. These forms may be copied or reproduced as desired.

Sponsors should report physician participation in CME activities using one of the following: the "Roster of Attendance" form, "Healthcare Facility Peer Review Activity" form, or the AOA's computer diskette. The Roster of Attendance form is used to document attendance at formal educational programs sponsored by accredited organizations and **institutions. This form** is provided to the sponsor by the AOA Division of CME, usually with the notification of **"initial"** approval.

Each physician attending the program should be listed on the form by entering the **appropriate AOA number**, name, college and year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form, together with a copy of the printed program, should be forwarded to the AOA Division of Continuing Medical Education by the sponsor, as soon as possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit **individual** certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance form.

The **Healthcare Facility Peer Review** Activity form is used to document participation by staff physicians in healthcare facility CME activities and programs as described under Category I-B.

The form is designed to serve as a cumulative record of each staff physician's Category I-B CME activities. No other activities or programs should be included on this form.

Copies of the form are provided to Director of Medical Education of accredited osteopathic healthcare facilities by the AOA Division of Continuing Medical Education. Completed forms for all staff physicians should be returned to the Division at one time, preferably quarterly.

NOTE: If these procedures are followed, staff physicians need not and should not submit individual certifications of Category I-B activities.

Attendance at special programs, seminars and meetings sponsored by a healthcare facility should be reported on the "Roster of Attendance" form described above.

Physicians practicing in joint-staff healthcare facilities should request copies of the Healthcare Facilities Peer Review Activity form from the AOA Division of Continuing

Medical Education.

The Home Study form is intended to document individual reading of recognized scientific journals, viewing approved video tapes, and other approved home study courses and programs under the criteria described for Category 2-B.

Only one type of home study should be indicated on a single form. For example, reading of journals would be reported on a separate form, and viewing a video tape would be listed on a separate form. However, multiple issues of scientific journals may be listed on the same form.

This form should not be used, however, when CME quiz cards for the AOA Journal, and AOA video educational tape programs are submitted separately.

The Individual Certification form is intended for use by individual physicians to document all other CME activities not reported on other forms.

Copies of the Individual Certification form may be obtained from the AOA Division of Continuing Medical Education. Examples of CME activities to be reported on this form include:

1. Development and publication of scientific papers and electronically communicated programs — Category **1-B**.
2. Medical teaching — Category **1-A**.
3. Other osteopathic CME programs and activities approved by the AOA Council — Category **1-B**.
4. Attendance at formal educational programs sponsored by accredited institutions, organizations and agencies at which the "Roster of Attendance" form or the AOA's computer diskette is not submitted by the sponsor. This would include most formal non-osteopathic programs, which are clinical in nature. — Category 2-A.
5. Scientific exhibits — Category 2-B.
6. All other programs and modalities of CME as they may be requested, verified and documented by the AOA Council — Category 2-B.

Only one CME activity or program may be reported on each Individual Certification form. It is mandatory that documentation, appropriate to the program or activity, be enclosed with each form. Forms listing more than one CME activity, or forms received without sufficient documentation, will be returned.

GRANTING CME CREDITS

The AOA Council reserves the right to evaluate all programs and activities on an individual basis, and to deny CME credits at its discretion to those which do not fulfill criteria described in this Guide.

For most CME programs, credit is granted on the formula of one credit for each hour of educational activity. That formula may be modified at the AOA Council's discretion, depending on individual circumstances. In no case, however, will CME credit be granted for coffee break, social functions, or time allotted to business or administrative matters.

The number of CME credits indicated for a program by other organizations will be considered by the AOA Council in its total evaluation. However, in all cases, the AOA Council reserves the right to make final determination of the number and category of credits granted.

Reports of CME activities which meet criteria will be accepted and appropriate credits will be entered on the physician's record. All credits will be reported on the Individual Activity Report, described below. Sponsors and physicians will be notified if CME credits are granted. For these reasons, it is essential that both sponsors and physician keep duplicate copies of all forms submitted for CME credits.

If the AOA Council has any reason to question a CME program or activity, the sponsor or physician will be requested to clarify specific matters before final approval is granted and credits are recorded. Sponsors and physicians will be notified by mail in all cases where CME credits are reduced or denied, with the reasons for such action indicated.

RIGHT OF APPEAL

All osteopathic physicians and affiliated or accredited osteopathic organizations and institutions participating in the CME program have the right to request reconsideration or appeal of any decision made by the AOA Council. Procedures for reconsideration and appeal are described in a formal document available on request from the AOA Division of Continuing Medical Education. All requests for reconsideration and appeal should be initiated as soon as possible after the decision under question has been made.

INDIVIDUAL ACTIVITY REPORTS (IARs)

AOA members will receive Individual Activity Reports of their CME credits at appropriate intervals. The report will be a computer print-out of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician.

All acceptable CME hours will be indicated, even though they may exceed the maximum allowable for a particular category. Total hours applicable to each physician's CME

the bottom of the report.

The main portion of the report will be a line-by-line listing of each CME activity or program recorded for the physician. Each line will indicate the date of the activity, the unique program number assigned to it for computer recording, the title of the program, the category under which credits were granted, and the number of hours granted.

Any physician who believes an error has been made in this report should contact the Division of CME and supply appropriatedocumentation so the record may be corrected.

A charge will be made for Individual Activity Reports requested by AOA non-members.

NOTE: Individual Activity Reports will be mailed to physicians. It is the physician's right and **responsibility** to forward duplicate copies of this report to others, as necessary.

CME CERTIFICATES

An AOA CME Certificate may be purchased in the third year of the CME cycle by those who have successfully completed the required 150 hours of CME credits necessary to maintain membership in the association. This certificate is available at a nominal fee and may be used to advise your patients of your interest in keeping current with new advances in osteopathic medicine.

Member osteopathic physicians who qualify for a certificate will be notified by the Division of Continuing Medical Education in March of the third year of the AOA-CME cycle.

CONTINUING MEDICAL EDUCATION PROGRAM

Total Requirement

Maximum of 150 credits per 3-year period

Credit Limits

per 3-year period

CATEGORY 1—Minimum of 60 hours required in Category 1-A or 1-B of which 30 hours must be in Category 1-A

1-A Formal education programs sponsored by accredited osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME, standardized life support courses and federal aviation administration course, and U.S. army courses

1-A Osteopathic medical teaching **No Limit**

1-B Development and publication of scientific paper and electronically communicated programs

1-B Conducting osteopathic healthcare facility inspections and certifying board examinations. (5 credits per inspection or examination)

1-B AOA-accredited and/or approved healthcare facility committee and departmental meetings concerned with the review and evaluation of patient care

1-B Other CME activities and programs approved for Category 1 credit by AOA Council on Continuing Medical Education

90 hours maximum for any combination of Category 1-B

CATEGORY 2—Maximum of 90 hours allowed

2-A Formal education programs sponsored by accredited institutions, organizations and agencies

2-B Non-AOA accredited and/or approved healthcare facility committee and departmental meetings concerned with the review of patient care

2-B Home Study

2-B Scientific Exhibits

2-B Other CME activities and programs approved for Category 2 credit by the AOA Council on Continuing Medical Education

90 hours maximum for any combination of Category 2-A and/or 2-B

UNIFORM GUIDELINES FOR ACCREDITING AGENCIES OF CONTINUING MEDICAL EDUCATION

PREAMBLE

In 1990, an inter-organizational task force, the Task Force on CME and Industry Collaboration, was formed to foster better informed collaboration between commercial supporters and all major accredited sponsors of continuing medical education. Included in the membership of the Task Force on CME and Industry Collaboration are senior staff members of major pharmaceutical and device manufacturers, and leaders of continuing medical education in the United States. The Task Force has blended the diverse knowledge, interests, and talents of its members to produce these Guidelines which address all aspects of continuing medical education, not just relationships with commercial supporters.

These Guidelines will provide a credible standard to which the health professions may compare their criteria for accrediting continuing medical education. The AOA believes that much mutual benefit will flow from the unity among the professions through application of these policies and procedures.

The AOA has adopted, with minor changes, the Uniform Guidelines for Accrediting Agencies of Continuing Medical Education. These Uniform Guidelines have been adopted as a part of the Continuing Medical Education Guide of the American Osteopathic Association.

Although members of the Task Force are associated with most of the major players in the CME and the health-related commercial interests in the U.S., the Task Force has no official status in government, industry, or education.

The AOA Council and its staff members are available to help with interpretation of the task force actions and implementation of the AOA guidelines.

I. Introduction

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the accredited sponsor of a CME activity to assure that the educational activity is designed primarily for that purpose.

Accredited sponsors often receive financial and other support from commercial organizations. Such support can contribute significantly to the quality of CME activities.

II. Management of CME Activities

A. Mission Statement

An accredited sponsor shall define the role, scope and intended audience of its educational functions by having a written statement of its CME mission formally approved by its governing body.

B. Management Support

An accredited sponsor shall provide evidence that management procedures and other necessary resources are available and effectively used to fulfill its CME mission.

C. Joint Educational Activities

An accredited sponsor that provides educational activities jointly with a non-accredited entity shall assure that such activities are conducted entirely according to these "Uniform Guidelines".

D. Enduring Materials

An accredited sponsor that offers instructional materials, that in themselves constitute a planned activity of CME, shall develop and administer those materials entirely according to these "Uniform Guidelines".

E. Funding Arrangements

The ultimate decision regarding funding arrangements for CME activities must be the responsibility of the accredited sponsor. Funds from a commercial source should be in the form of an educational grant for the support of programming made payable to the accredited sponsor. The terms of the grant must be set forth in a written agreement. There shall be no other funds paid to faculty, CME program directors, or others involved with the supported program except as provided in the written agreement. All support associated with an educational activity must be made under the direction of, and with the full knowledge and approval of, the accredited sponsor.

Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for faculty is customary and proper. Commercial support must be acknowledged in printed announcements and brochures; however, reference must not be made to

activity, upon request, the accredited sponsor must be prepared to report to each commercial supporter, information concerning the expenditure of funds each has provided.

F. Marketing CME Activities

A CME sponsor may authorize a commercial supporter to disseminate to the medical community information about a CME activity. However, the content of such information must always be explicitly approved by, but not necessarily prepared by, the accredited sponsor, and must always identify the educational activity as produced by the accredited sponsor.

G. Expenses for Attendees

In connection with an educational activity, it is not permissible to use funds originating from a commercial source to pay travel, lodging, registration fees, honoraria, or personal expenses for non-faculty attendees. Subsidies for hospitality should not be provided outside of modest meals or social events that are held as a part of the educational activity.

Scholarship or other special funding to permit medical students, interns, or residents and fellows to attend selected educational conferences may be provided, as long as the selection of students, interns or residents and fellows who will receive the funds is made either by the academic or training institution, or by the accredited sponsor, with the full concurrence of the academic or training institution.

III. Educational Standards and Practices

A. Needs Assessment

An accredited sponsor shall systematically identify the CME needs of prospective participants and use that information in planning CME activities.

B. Objectives

An accredited sponsor shall, for each CME event, develop objectives based on identified educational needs.

C. Educational Design

1. Objectives Influence Design

An accredited sponsor shall use the objectives developed for an educational activity to select the content, and design the educational methods, for that activity.

2. Basic design requirements for CME activities

In designing educational activities, the accredited

sponsor must assure that the activities have following characteristics:

They must be free of bias for or against any commercial product;

They must be designed and produced so that content and educational methods are ultimately determined by the accredited sponsor;

If the activities are concerned with commercial products, the program must present objective information about such products based on scientific methods generally accepted in the medical community.

3. Independence of Accredited Sponsors

The design and production of educational activities shall be the ultimate responsibility of the accredited sponsor. Commercial supporters of such activities shall not control the planning, content or execution of the activity. To assure compliance with the "Uniform Guidelines" the following requirements must be adhered to:

a. Help with the preparation of education materials

The content of slides and reference materials must remain the ultimate responsibility of the faculty of accredited sponsor. This responsibility may be shared with the faculty of the accredited sponsor. The accredited sponsor may ask a commercial supporter to help with the preparation of conference related educational materials, but these shall not specifically promote the proprietary interests of the commercial supporter.

b. Assistance with Educational Planning

An accredited sponsor must maintain responsibility for and control over the selection of content, schedule, faculty, attendees, and educational methods and materials in all of its CME activities.

An accredited sponsor may obtain information that will assist in planning and producing an educational activity from any outside source whether commercial or not. However, acceptance by an accredited sponsor of advice or services concerning speakers, invitees or other educational matters, including content, shall not be among the conditions for the provision of support by a commercial organization.

c. Distribution of advertising

No commercial promotional materials shall

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GLOSSARY OF TERMS USED IN CONTINUING MEDICAL EDUCATION GUIDE

The terms used in this CME Guide have been developed based upon directives from the U.S. Food and Drug Administration, and the terminology developed for the “AOA Accreditation Requirements - Category I CME Sponsors”. The terms defined below have been developed for the CME activities of the AOA. Some of these terms may have a different meaning outside the context the AOA’s CME activities.

Physician

A physician is a healthcare provider who is licensed to practice medicine and surgery in all its branches. In the United States, osteopathic physicians (D.O.s) and allopathic physicians (M.D.s) are the two recognized types of physicians under this definition. This type of physician is also described as having full practice privileges, and is sometimes referred to as a “complete” physician. Each state will have laws which **define** the practice privileges of various healthcare providers, and which may **permit** these providers to use the physician descriptor when referring to their practices.

Staff Physician

A staff physician is a physician who has been given practice privileges at a healthcare facility. **Such** privileges are granted after review of credentials which include: license to practice; completion of postdoctoral education; attainment of certification.

Needs Assessment

A needs assessment is an analysis of the type of CME that is needed by the intended audience for a CME program which has been proposed or conducted. The results of a needs assessment are used in the design and planning of the content and delivery modality for CME programs.

CME Sponsor

A CME sponsor is an institution, organization or affiliate that is accredited by the AOA Council on CME to present programs that qualify for AOA-CME Category I credit.

CME Provider

A CME provider is an organization which is not, itself, a recognized AOA Category I CME sponsor, but is autho-

ized to sponsor approved Category I CME programs in the direction and approval of a recognized AOA Category CME Sponsor.

General Certification

General certification is conferred on diplomates who meet the requirements in a specified field of medical practice under the jurisdiction of a certifying board. General certification represents a distinct and well defined field osteopathic medical practice. General certification is the initial level of recognition of certification.

Associate Member

The AOA Board of Trustees may be grant associate membership to the following individuals: teaching, research, administrative professional staff and employees of osteopathic physician members, colleges and healthcare facilities; or administrative personnel of the AOA or its affiliated organizations.

Associate members pay membership dues of \$75 annually, but are not eligible to hold any elective office within the AOA. They are eligible for various membership benefits as defined by the Board of Trustees from time to time.

Presenter

A presenter at an AOA-accredited CME program is an individual who chairs a portion of the program or who delivers a lecture or other formal portion of the program.

Osteopathic Faculty

Programs which are eligible to receive AOA Category I credit must have sufficient content that is osteopathic in nature. Osteopathic content is assumed to be given by the following osteopathic faculty: osteopathic physicians; M.D. physicians on the staff of an AOA-accredited healthcare facility; or Ph.D. faculty or professional staff at an AOA-accredited college of osteopathic medicine or healthcare facility.

Program Sponsor

A program sponsor is an organization which is recognized by non-AOA accreditor(s) and/or offers CME programs recognized by non-AOA organizations. An example of one such accrediting agency is the Accreditation Council for Continuing Medical Education (ACCME) which accredits CME sponsors, but does not approve individual programs. The American Academy of Family Physicians (AAFP) approves individual programs, but does not accredit sponsors.

immediately before, during, or **immediately** after an accredited educational activity. Representatives of commercial supporters may attend an educational activity for which **they** have provided support, but may not engage in sales activities while in the room where the educational activity takes place.

d. Exhibits

When commercial exhibits are part of an overall program, arrangements for these **must** not influence educational planning or interfere with the presentation of CME activities. Exhibit placement must not be a condition of support for a CME activity.

e. Proprietary Names of Products

While the use of proprietary names of products is permissible during educational activities, generic names should be used by the faculty whenever possible. Moreover, it is the responsibility of the accredited sponsor to assure that presentations give a balanced view of diagnostic, therapeutic, or appliance options. If proprietary names are used, those of several companies that make relevant products must be used rather than only those of a single company.

IV. Other Guidelines for Relationships between Accredited Sponsors and Commercial Supporters of CME.

A. Communicating Results of Scientific Research

Objective, rigorous, scientific research conducted by commercial companies is an essential part of the process of developing new pharmaceutical or other medical products or devices. It is highly desirable that direct reports of such research be communicated to the medical community. An offer by a commercial supporter to provide a presentation reporting the results of scientific research shall be accompanied by a detailed outline of the presentation which shall be used by the accredited sponsor to confirm the scientific objectivity of the presentation. **Such** information must conform to the generally accepted standards of experimental design, data collection and analysis.

B. Disclosure

An accredited sponsor shall have a policy requiring disclosure of the existence of any significant **financial** interest or other relationship a CME faculty member or the sponsor has with the manufacturer(s) of any commercial product(s) discussed in an edu-

shall conform to this policy.

Such faculty **or accredited** sponsor relationship with commercial **supporters shall be** disclosed to **participants** prior to educational activities in brief statements in conference materials such as brochures, **syl-labi**, exhibits, poster **sessions and** post meeting publications.

In the case of a regularly scheduled **event, such** as grand rounds, disclosure shall be made by the moderator of the activity after **consultation** with the **fac-ulty** member or a representative of the accredited sponsor. Written documentation that **disclosure** information was given to participants shall be entered in the **file** for that activity_

C. Off-label uses of products

When an off-label use of a product, or an investigational use not yet approved for any purpose, is discussed during an educational activity, the accredited sponsor shall require the speaker to disclose that the product is not labeled for the use under discussion, or that the product is still investigational. **Discus-sions of such uses** shall focus on those uses that **have** been subject of objective investigation.

D. Activities that are repeated many times

An accredited sponsor that offers educational activities that repeat essentially the same information each time they are given, must demonstrate that every iteration of that activity meets all of the provisions found in these "Uniform Guidelines".

E. The accredited sponsor's use of educational activities or materials prepared by organizations other than the accredited sponsor

When an accredited sponsor offers an educational activity based on concepts or materials prepared by an outside organization, that activity must adhere to these "Uniform Guidelines" in all respects; **particu-larly** when the provisions concerning the independence of the accredited sponsor directly affect that sponsor's planning, designing, delivering, and evaluating all of its educational activities offered for credit.



Accreditation Council for Continuing Medical Education

ESSENTIALS and GUIDELINES for ACCREDITATION of SPONSORS of CONTINUING MEDICAL EDUCATION and STANDARDS for COMMERCIAL SUPPORT and ENDURING MATERIALS

Guidelines to the Essentials have been developed in order to explain in greater detail the meaning and application of the Essentials and to provide information to sponsors on how they can comply with the Essentials. These guidelines are not intended to limit the manner in which sponsors may meet the requirements for accreditation. Examples cited are intended only for clarification, not as indications of preferences or priorities. The Guidelines follow the organizational structure of the Essentials. The text of each Essential with its Explanation and Rationale is given **first**, followed by the corresponding Guidelines. The *Standards for Commercial Support of Continuing Medical Education* have been developed to guide sponsors and supporting companies when financial support is received for continuing medical education activities. The *Standards for Interpreting the Essentials as applied to Continuing Medical Education Enduring Materials* have been developed to assist sponsors who produce educational materials as a part of their overall continuing medical education program.

INTRODUCTION

The Accreditation Council for Continuing Medical Education (ACCME) conducts a voluntary accreditation program for institutions and organizations providing continuing medical education (CME). By evaluating and granting recognition to an institution or organization whose CME program substantially complies with the Essentials and Standards, the ACCME seeks to improve the quality of CME and to assist physicians in identifying CME programs which meet these standards.

The ACCME recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The ACCME also recognizes that physicians are responsible for choosing their own CME and evaluating their own learning achievement. The Essentials, therefore, are designed to encourage and foster self-directed physician participation in CME, in which physicians assume full responsibility for the choice of their CME activities in accordance with their perceived needs, individual preferences of learning methods, and practice settings. Sponsors should take into consideration the needs and interests of potential physician participants in planning their CME activities, and encourage these physicians to assume active roles in the planning process.

In the Essentials the ACCME has identified certain elements of organization, structure, and method which appear to contribute significantly to the development of continuing medical education. They **are presented here** in the *Essentials for Accreditation of Sponsors of Continuing Medical*



THE ACCME'S ESSENTIAL AREAS AND THEIR ELEMENTS

The ACCME recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The ACCME also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements. The Essential Areas and policies¹, therefore, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Essential Areas and policies, the ACCME has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Essential Areas and policies are the practices that a provider must implement for accreditation.

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Elements	1.1	Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience,- type of activities provided, and expected results of the program.
	1.2	Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

The provider must,

Elements	2.1	Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
	2.2	Use needs assessment data to plan CME activities_
	2.3	Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity_
	2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
	2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

¹Accreditation policies have been compiled in a compendium for ease of reference by providers. Please see ACCME's *Accreditation Policy Compendium*

THE ACCME'S DECISION-MAKING CRITERIA

Measurement criteria have been developed for each *Element* in the *Essential Areas* to measure whether the accredited provider meets the basic level of accreditation. A provider's documentation of the measurement criteria will be the ACCME's primary source of information for determining compliance with the Elements.

The following classification of compliance will be used:

- Noncompliance
- Partial compliance
- Compliance
- Exemplary Compliance

ESSENTIAL AREA 1 – PURPOSE AND MISSION

Element 1.1		The provider must have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.
Criteria	Noncompliance	Has no mission statement.
	Partial Compliance	Has a mission statement, but omits one or more of the basic components.
	Compliance	Has a mission statement that includes all of the basic components.
	Exemplary Compliance	Has a mission statement that includes all of the basic components with a strong emphasis on assessment of results.
Element 7.2		The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.
Criteria	Noncompliance	CME not mentioned in the parent organization mission statement and no support provided.
	Partial Compliance	CME mentioned in the parent organization mission statement but no support provided, <u>or</u> CME not mentioned in the parent organization mission statement but support provided.
	Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility, and human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.
	Exemplary Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility, <u>and</u> human resources, plus promotion of the function; and a CME mission statement that is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.

Element 2.4		The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.
Criteria	Noncompliance	Educational activities are not evaluated.-
	Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.
	Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.
	Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by -practice application and/or health status improvement.

Element 25		The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.
Criteria	Noncompliance	No mechanism-6 in place to measure the program's effectiveness or make improvements.
	Partial Compliance	Mechanism in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.
	Compliance	Mechanism in place to measure the effectiveness of the program, with evidence that improvements have been made.
	Exemplary Compliance	Innovative and creative mechanism(s) in place to measure the effectiveness. of the program with evidence of improvements being made on a regular basis.

ESSENTIAL AREA 3 – ADMINISTRATION

Element 3.1		The provider must have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.
Criteria	Noncompliance	Organizational framework does not exist for the CME unit
	Partial Compliance	Organizational framework does exist for the CME unit but not all components of the Element (resources and support) are present.
	Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.
	Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.

PREAMBLE

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose.

Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards is to describe appropriate behavior of accredited providers in planning, designing, implementing, and evaluating certified CME activities for which commercial support is received.

STANDARDS

1. GENERAL RESPONSIBILITIES OF ACCREDITED PROVIDERS

Accredited providers are responsible for the content, quality and scientific integrity of all CME activities certified for credit. Identification of continuing medical education needs, determination of educational objectives, and selection of content, faculty, educational methods and materials is the responsibility of the accredited provider. Similarly, evaluation must be designed and performed by the accredited provider.

a. *Basic Design Requirements for CME Activities*

In designing educational activities, the accredited provider must assure that the activities have the following characteristics: They must be free of commercial bias for or against any product; If the activities are concerned with commercial products, they must present objective information about those products, based on scientific methods generally accepted in the medical community.

b. *Independence of Accredited Providers*

The design and production of educational activities shall be the ultimate responsibility of the accredited provider. Commercial supporters of such activities shall not control the planning, content or execution of the activity. To assure compliance with this standard, the following requirements must be adhered to.

(1) *Assistance with Preparation of Educational Materials*

The content of slides and reference materials must remain the ultimate responsibility of the faculty selected by the accredited provider. A commercial supporter may be asked to help with the preparation of conference related educational materials, but these materials shall not, by their content or format, advance the specific proprietary interests of the commercial supporter.

(2) *Assistance with Educational Planning*

An accredited provider may obtain information that will assist in planning and producing an educational activity from any outside source whether commercial or not. However, acceptance by an accredited provider of advice or services concerning speakers, invitees or other educational matters, including content, shall not be among the conditions of providing support by a commercial organization.

(3) *Marketing CME Activities*

Only the accredited provider may authorize a commercial supporter to disseminate information about a CME activity to the medical community. However, the content of

5. **MANAGEMENT OF FUNDS FROM COMMERCIAL SOURCES**

a. *Independence of the Accredited Provider in the Use of Contributed Funds*

The ultimate decision regarding funding arrangements for CME activities must be the responsibility of the accredited provider. Funds from a commercial source should be in the form of an educational grant made payable to the accredited provider for the support of programming. The terms, conditions and purposes of such grants must be documented by a signed agreement between the commercial supporter and the accredited provider. All support associated with a CME activity, whether in the form of an educational grant or not, must be given with the full knowledge and approval of the accredited provider. No other funds from a commercial source shall be paid to the director of the activity, faculty, or others involved with the supported activity.

b. *Payments to Faculty*

Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for faculty is customary and proper.

c. *Acknowledgment of Commercial Support*

Commercial support must be acknowledged in printed announcements and brochures, however, reference must not be made to specific products.

d. *Accountability for Commercial Support*

Following the CME activity, upon request, the accredited provider should be prepared to report to each commercial supporter, and other relevant parties, information concerning the expenditure of funds each has provided. Likewise, each commercial supporter should report to the accredited provider information concerning their expenditures in support of the activity.

6. **COMMERCIALLY SUPPORTED SOCIAL EVENTS**

Commercially supported social events at CME activities should not compete with, nor take precedence over the educational events.

7. **POLICY ON DISCLOSURE OF FACULTY AND PROVIDER RELATIONSHIPS**

a. *Disclosure Policy for All CME Activities*

An accredited provider shall have a policy requiring disclosure of the existence of any significant financial interest or other relationship a faculty member or the provider has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation. All certified CME activities shall conform to this policy.

b. *Disclosure in Conference Materials*

CME faculty or provider relationships with commercial supporters shall be disclosed to participants prior to educational activities in brief statements in conference materials such as brochures, syllabi, exhibits, poster sessions, and also in post-meeting publications.

c. *Disclosure for Regularly Scheduled Activities*

In the case of regularly scheduled events, such as grand rounds, disclosure shall be made by the moderator of the activity after consultation with the faculty member or a representative of the supporter. Written documentation that disclosure information was given to participants shall be entered in the file for that activity.

8. **FINANCIAL SUPPORT FOR PARTICIPANTS IN EDUCATIONAL ACTIVITIES**

a. *Expenses of Non-faculty Attendees*

In connection with an educational activity offered by an accredited provider, the provider may not use funds originating from a commercial source to pay travel, lodging, registration fees, honoraria, or personal expenses for non-faculty attendees. Subsidies for hospitality should not be provided outside of modest meals or social events that are held as part of the activity.



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81-D-03

The ACCME may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the Essential Areas, Elements and Policies.

82-A-04

An ACCME reconsideration of an accreditation decision may occur when an organization feels that the evidence it presented to the ACCME justifies a different decision. Only decisions of Probation or Non-Accreditation will be reconsidered by ACCME. Only material which was considered at the time of the ARC review may be reviewed upon reconsideration. During the reconsideration two members of the ARC will review the provider's complete application before acting on the reconsideration. A reconsideration must occur no later than the second meeting after its previous ACCME decision. (amended 7/98)

82-B-03

The Definition of Continuing Medical Education:

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME.

85-C-01

Types and Duration of Accreditation:

PROVISIONAL ACCREDITATION (standard status for initial applicants)

Two years is the period of Provisional Accreditation;

One extension of up to two years may be given;

Provisional Accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program;

An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.

ACCREDITATION

Maximum period of Accreditation is six years;

Standard period of Accreditation is four years;

Accreditation may be reinstated after a period of probation.

PROBATIONARY ACCREDITATION

May be given to an accredited program with serious deviation from the Essential Areas, Elements and Policies;

May be for one or two years;

May not be extended.

NON-ACCREDITATION

May be given after the initial survey;

May be given after Provisional Accreditation;

May be given after Probationary Accreditation of one or two years.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.

86-B-01

Four years should be the 'standard' period of accreditation for programs that meet all of the Essential Areas, Elements and Policies and that 6 years accreditation is reserved for programs which are truly exceptional.

88-C-03

The logo is approved for use only by the ACCME.

89-A-01

Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider which must be reported to the ACCME.

92-C-02

The effective date of accreditation is the date of action by the ACCME. (amended 7/98)

93-A-09

On reconsideration, two members of the ARC will review the provider's complete application before acting on the reconsideration.

93-C-03

Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity.

93-D-01

Initial applicants who receive non-accreditation may not be reviewed again by the ACCME until one year from the date of the Council meeting at which the decision was made.

94-A-Z 1

Definition of a Program of CME:

Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements and Policies. The provider's overall program may include occasional CME activities, that do not fully meet the standards for needs assessment, welldefined objectives, curricular design, and evaluation. These activities are part of the accredited provider's overall CME program as long as the Provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas, Elements and Policies.

94-A-20

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited institutions/organizations.

[ACCREDITATION STATEMENT LANGUAGE HAS BEEN REVISED/UPDATED; PLEASE SEE ACTION 99-A-I 5]

94-B-01

Mandatory On-Site Surveys:

The ACCME has the authority to call for an on-site *survey* at any time.

On-site surveys must be conducted under any of the following conditions:

1. At the next review of a provider placed on probation.
2. When a provider has not had an on-site survey during the previous ten years, the on-site survey will be conducted at the next scheduled review.
3. When there is a significant change in the provider's ownership mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review or immediately.

On-site surveys may be conducted under any of the following conditions:

1. As a result of the review of a complaint/inquiry. The on-site survey may be conducted at the next scheduled review or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the Essential Areas, Elements and Policies during a review_ The on-site survey may be conducted at the next scheduled review or immediately.
3. Whenever there is insufficient information following a reverse-site survey on which to make an accreditation recommendation. In this case, the Accreditation Review Committee would recommend only that an on-site survey be conducted immediately and would defer a recommendation on accreditation_

95-B-02

Commercial Acknowledgment in Enduring Materials:

1. **Product** specific advertising of any type is prohibited in enduring materials.
2. Commercial support must be acknowledged in order to comply with the Standards for Commercial Support and references to a company or institution are allowed.
3. This acknowledgment must be placed only at the beginning of the enduring material.
4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
5. No specific products may be referenced, even if they are not related to the topic of the enduring material.

This policy shall apply to all enduring materials with release dates or review dates of July 1, 1996, and beyond.

96-A-01

The date for non-accreditation of a provider is one year from the date of the Council's non-accreditation action. For more egregious cases, a shorter time frame may be assigned.

The provider be responsible for payment of all fees, including the Annual Fee, and submission of all required reports until the effective date of non-accreditation. Failure to do so will result in immediate non-accreditation.

The ACCME Waives the requirement of a pre-application for the provider that chooses to submit an application for accreditation during the one-year time period prior to the effective date of non-accreditation

96-A-02

The Council must be notified of voluntary withdrawals of accreditation. No rebates will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation which shall be reviewed by the Quality Monitoring Committee.

96-A-05

An accredited provider is required to retain activity file&cords during the current accreditation or for the last twelve months, whichever is longer.

96-A-06

The length of time during which an accredited provider **must be accountable** for any complaints/inquiries received by the ACCME is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.

96-C-07

JOINT SPONSORSHIP:

Definition: Activity Planning and Presentation in Partnership with Non-Accredited Providers

Intent: The accredited provider shall accept responsibility that the ACCME's Accreditation Policies and Procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

1. The accredited provider must be able to provide to the ACCME written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the ACCME's Accreditation Policies and Procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.

2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

3. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement.

For full text of the accreditation statements, see policy 99-A-I 5.

97-A-07

A member of the Accreditation Review Committee will act as a 'counselor' to the site survey team when necessary.

97-A-I 1

Data from an accredited provider's 'Annual Report(s)' and other interval monitoring instruments administered by the ACCME will be included in the materials provided to the ACCME's accreditation review process for the consideration of that provider's application.

- 97-A-16 Commercial exhibits are promotional activities, and as such, accredited providers are not obligated to fulfill all the requirements of the ACCME's Standards of Commercial Support with respect to these promotional activities, but are obligated to use sound fiscal and business practices with respect to these exhibits.
- 97-A-20 The ACCME will not deny eligibility for accreditation solely on the basis that an organization produces and/or markets a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) or activities about a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) as long as the activities they develop and/or present are educational and not promotional.
- The ACCME will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the ACCME's Standards for Commercial Support.
- 97-B-16 If a provider scheduled for re-accreditation review cannot meet the ACCME schedule for submission of application and site survey then the accreditation term may be extended once, by four months, in order to complete these steps in time for the next regular meeting of the Accreditation Review Committee.
- The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless ACCME has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by ACCME,
- 97-B-17 Funds from governmental entities are not considered commercial support
- 97-B-22 If the ACCME is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, then ACCME staff is at liberty to use discretion to resolve the situation. Such exceptions might include, but are not limited to, not requiring that one surveyor be a physician, not having both surveyors on-site (one surveyor might be connected to the survey via teleconference), the use of ACCME staff as substitute. Such exceptions to normal survey protocol will only be allowed with the permission of the provider. The provider reserves the right to request that the survey be rescheduled.
- 97-B-25 Surveyors cannot have been appointees or employees of, or consultants to, the providing institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the providing institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers or applicants to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider's opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.
- 97-C-03 A provider may receive no more than four years accreditation immediately following probation.

99-A-I 4 The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds.

99-A-I 5. Accreditation Statements:

For Directly Sponsored Activities – “The (name of the accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The (name of the accredited provider) takes responsibility for the content, quality, and scientific integrity of this CME activity.”

For jointly Sponsored Activities – “This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.”

For Cosponsored Activities – “This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) by (name of accredited provider1) and (name of accredited provider2). The (names of accredited providers) are accredited by the ACCME to provide continuing medical education for physicians. The (name of accredited provider1) takes responsibility for the content, quality, and scientific integrity of this CME activity.”

99-A-I 6 information that a faculty member has no significant financial relationships to disclose must be provided to the learner.

99-A-I 7 Information that a faculty member has refused to disclose if there are any significant financial relationships must be provided to the learner.

99-B-I 7 The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

99-B-I 8 Promotional materials for CME activities that are not directly related to the transfer of education to the learner may include advertising. Such promotional materials must contain information about multiple non-CME elements of the event such as schedules and course descriptions. Education materials that are part of the accredited activity such as slides and handouts cannot have any advertising.

Continuing Medical Education Guide

CME Activity by Category

- | | |
|--|--|
| ◆ Category 1 and I-A | ◆ Category 2, Z-A and 2-B |
| ◆ Standardized Life Support Courses | ◆ Healthcare Facilities Meetings/Non-osteopathic |
| ◆ Standardized Federal Aviation Courses | ◆ Home Study |
| ◆ Osteopathic Medical Teaching | ◆ Scientific Exhibits |
| ◆ Category 1 -B | ◆ Other Approved CME |
| ◆ Scientific Papers/Publications | |
| ◆ Conducting Healthcare Facility Inspections/ Specialty Board Examinations | |
| ◆ Healthcare Facility Education/ Osteopathic Meetings | |
| ◆ Other Osteopathic CME | |

Category 1

This category includes programs which offer a significant portion of osteopathic content. A **minimum of 60** credit hours of the total 150 hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths of their total credits under Category 1. However, any physician may fulfill all AOA CME requirements under this category.

Category I-A

This category includes formal educational programs that are designed to enhance clinical competency and improve patient care, and are sponsored by AOA accredited institutions, organizations, and their **affiliates** which meet the quality standards as defined by the AOA. A **minimum of 30** credits must **be in category 1-A** unless waived based upon individual, mitigating circumstances.

Category 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide a faculty of which at least 50% of the presenters shall be osteopathic physicians or staff members who have earned M.D. or Ph.D. degrees and have clinical or professional appointments at osteopathic institutions. The AOA Council has been authorized by the AOA Board of Trustees to review and grant exemption from this requirement for any CME program sponsored by a specialty college or society, or any program for which the audience will consist largely of non-family practice physicians. Such review will occur only on a program by program basis. Exemption is solely at the discretion of the AOA Council. A copy of the procedures for requesting this exemption may be obtained from the AOA Division of CME (Resolution 43 [A/94]).
2. The sponsor must provide evidence of integrating osteopathic principles and practice into the program.
3. The sponsor shall identify and use presenters who will teach in a planned program. The suggested criteria for presented selection include:



ACCME'S GLOSSARY OF TERMS AND ABBREVIATIONS

Terms

Accreditation: The decision by the ACCME, or a recognized state medical society, that an organization has met the requirements for a CME provider as outlined by the ACCME. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by the ACCME, or a state medical society, to accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Review Committee (ARC): The Accreditation Review Committee, a working committee of the ACCME, collects, reviews, and analyzes data from multiple sources about compliance with ACCME Essential Areas Elements and Policies; notes program improvements; and makes a recommendation to the ACCME for their final decision about accreditation of an applicant/provider.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are three different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly sponsored activity – An activity planned and implemented by an ACCME or state medical society accredited provider of CME.

The (name of the accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The (name of the accredited provider) takes responsibility for the content, quality, and scientific integrity of this CME activity.

jointly sponsored activity – An activity planned and implemented by one ACCME or state medical society accredited provider working in partnership with a non-accredited entity.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA has three representatives on the ACCME

American Medical Association (AMA): The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA has three representatives on the ACCME.

Annual Report: The form of data collection that requires an annual submission of data from each accredited provider and allows the ACCME to monitor changes in an individual accredited provider's program and within the population of accredited providers_

Association for Hospital Medical Education (AHME): The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME has one representative on the ACCME.

Association of American Medical Colleges (AAMC): The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC has three representatives on the ACCME.

Classifications of Compliance with Essential Area Elements: Using criteria, the ACCME will determine the level of compliance with each Element in the three Essential Areas. The findings could be one of four levels of compliance: exemplary compliance, compliance, partial compliance, or noncompliance.

Commercial Supporter: The institutions or organizations, that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support (Element 3.3)

Committee for Review and Recognition (CRR): The Committee for Review and Recognition, a working committee of the ACCME, recognizes state, or territorial, medical societies to accredit providers whose target audience is restricted to that state, or territory, or contiguous state, or territories. The CRR makes the determination of compliance about recognition on behalf of the ACCME. To be recognized by the ACCME, a state, or territorial, medical society (SMS) must meet the requirements for recognition as determined by the ACCME.

Compliance: The provider is always or consistently meeting the standard of practice for the judged element.

Elements: The descriptors of performance in each Essential Area that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity.. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials which are used alone or in combination With written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials_

Essential Areas: The three categories of standards necessary to become an accredited provider. They are Purpose and Mission, Planning and Evaluation, and Administration.

Exemplary Compliance: The provider exceeds the standard of practice for the judged element.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Federation of State Medical Boards of the U.S., Inc. (FSMB): A member organization of the Accreditation Council for Continuing Medical Education. The FSMB has one representative on the ACCME.

Focused Accreditation Survey: A specially ananged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

Joint Sponsorship: Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement.

Monitoring: The form of data collection which allows the ACCME to note changes in the program of CME between formal accreditation reviews. These data at-e collected in the annual reports required of each provider.

Monitoring Committee (MC): The Monitoring Committee, a working committee of the ACCME, that is responsible for monitoring the ACCME organization, the accreditation system, and process, and providers to assist with continual improvement of CME accreditation.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis foi developing learner objectives for the CME activity.

Nonaccreditation: The accreditation decision by the ACCME that an organization has not demonstrated the standards for a CME provider as outlined by the ACCME. .

Elements: The descriptors of performance in each Essential Area that must be met to be an accredited provider.

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Nonaccreditation: The accreditation decision by the ACCME that an organization has not demonstrated the standards for a CME provider as outlined by the ACCME.

Supporter: See Commercial Supporter

Survey: See Accreditation Survey

Abbreviations

ACCME - Accreditation Council for Continuing Medical Education

ARC - Accreditation Review Committee

AAFP - American Academy of Family Physicians

ABMS -American Board of Medical Specialties

ACOC -American College of Obstetrics and Gynecology

AHA -American Hospital Association

AMA -American Medical Association

AOA - American Osteopathic Association

AHME - Association for Hospital Medical Education

AAMC - Association of American Medical Colleges

CRR - Committee for Review and Recognition

CME - Continuing Medical Education

CMSS - Council of Medical Specialty *Societies*

FSMB - Federation of State Medical Boards of the U.S., Inc.

MC - Monitoring Committee



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E-Addendum It: Council on Ethical and Judicial Affairs Clarification of Gifts to Physicians from Industry (E-8.061).

General Questions:

- (a) Do the guidelines apply only to pharmaceutical, device, and equipment manufacturers?

"Industry" includes all "proprietary health-related entities that might create a conflict of interest," as recommended by the American Academy of Family Physicians.

Guideline 1:

Any gifts accepted by physicians individually should primarily entail a **benefit** to patients and should not be of substantial value. Accordingly, textbooks, modest meals and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted.

- (a) May physicians accept gram stain test kits, stethoscopes or other diagnostic equipment?

Diagnostic equipment primarily benefits the patient. Hence, such gifts are permissible as long as they are not of substantial value. In considering the value of the gift, the relevant measure is not the cost to the company of providing the gift. Rather, the relevant measure is the cost to the physician if the physician purchased the gift on the open market.

- (b) May companies invite physicians to a dinner with a speaker and donate \$100 to a charity or medical school on behalf of the physician?

There are positive aspects to the proposal. The donations **would** be used for a worthy cause, and the physicians would receive important information about patient care. There is a direct personal benefit to the physician as well, however. An organization that is important to the physician - and one that the physician might have ordinarily felt obligated to make a contribution to - receives financial support as a result of the physician's decision to attend the meeting. On balance, physicians should make their own judgment about these inducements. If the charity is predetermined without the physician's input, there would seem to be little problem with the arrangement.

- (c) May contributions to a professional society's general fund be accepted from industry?

The guidelines are designed to deal with gifts from industry which affect, or could appear to affect, the judgment of individual practicing physicians. In general, a professional society should make its own judgment about gifts from industry to the society itself.

- (d) When companies invite physicians to a dinner with a speaker, what are the relevant guidelines?

First, the dinner must be a modest meal. Second, the guideline does allow gifts that primarily benefit patients and that are not of substantial value. Accordingly, textbooks and other gifts that primarily benefit patient care and that have a value to the physician in the general range of \$100 are permissible.

- (e) May physicians accept vouchers that reimburse them for uncompensated care they have provided?

No. Such a voucher would result directly in increased income for the physician.

- (f) May physicians accumulate "points" by attending several educational or promotional meetings and then choose a gift from a catalogue of education options?

This guideline permits gifts only if they are not of substantial value. If accumulation of points would result in physicians receiving a substantial gift by combining insubstantial gifts over a relatively short period of time, it would be inappropriate.

- (g) May physicians accept gift certificates for educational materials when attending promotional or educational events?

The Council views gift certificates as a grey area which is not per se prohibited by the guidelines. Medical text

books are explicitly approved as gifts under the guidelines. A gift certificate for educational materials, i.e., for the selection by the physician from an exclusively medical text book catalogue, would not seem to be materially different. The issue is whether the gift certificate gives the recipient such control as to make the certificate similar to cash. As with charitable donations, pre-selection by the sponsor removes any question. It is up to the individual physician to make the final judgment.

(h) May physicians accept drug samples or other free pharmaceuticals for personal use or use by family members?

The Council's guidelines permit personal or family use of free pharmaceuticals (i) in emergencies and other cases where the immediate use of a drug is indicated, (ii) on a trial basis to assess tolerance and (iii) for the treatment of acute conditions requiring short courses of inexpensive therapy, as permitted by Opinion E-8.19: Self-Treatment or Treatment of Immediate Family Members. It would not be acceptable for physicians to accept free pharmaceuticals for the long-term treatment of chronic conditions.

(i) May companies invite physicians to a dinner with a speaker and offer them a large number of gifts from which to choose one?

In general, the greater the freedom of choice given to the physician, the more the offer seems like cash. A large number of gifts presented to physicians who attend a dinner would therefore be inappropriate.

There is no precise way of deciding an appropriate upper limit on the amount of choice that is acceptable. However, it is important that a specific limit be chosen to ensure clarity in the guidelines. A limit of eight has been chosen because it permits flexibility but prevents undue freedom of choice. Each of the choices must have a value to the physicians of no more than \$100.

Guideline 2:

Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

Guideline 3:

Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's sales representative may create a relationship which could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

(a) Are conference subsidies from the educational division of a company covered by the guidelines?

Yes. When the Council says "any subsidy," it would not matter whether the subsidy comes from the sales division, the educational division or some other section of the company.

(b) May a company or its intermediary send physicians a check or voucher to offset the registration fee at a specific conference or a conference of the physician's choice?

Physicians should not directly accept checks or certificates which would be used to offset registration fees. The gift of a reduced registration should be made across the board and through the accredited sponsor.

Guideline 4:

Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging and meal expenses. Token consulting or advisory arrangements cannot be used to justify compensating physicians for their time or their travel, lodging and other out-of-pocket expenses.

(a) If a company invites physicians to visit its facilities for a tour or to become educated about one of its products, may the company pay travel expenses and honoraria? This question has come up in the context of a rehabilitation facility that wants physicians to know of its existence so that they may refer their patients to the facility. It has also

come up in the context of surgical device or equipment manufacturers who want physicians to become familiar with their products.

In general, travel expenses should not be reimbursed, nor should honoraria be paid for the visiting physician's time since the presentations are analogous to a pharmaceutical company's educational or promotional meetings. The Council recognizes that medical devices, equipment and other technologies may require, in some circumstances, special evaluation or training in proper usage which can not practicably be provided except on site. Medical specialties are in a better position to advise physicians regarding the appropriateness of reimbursement with regard to these trips. In cases where the company insists on such visits as a means of protection from **liability** for improper usage, physicians and their **specialties** should make the judgment. In no case would honoraria be appropriate and any travel expenses should be only those strictly necessary.

(b) If the company invites physicians to visit its facilities for review and comment on a product, to discuss their independent research projects or to explore the potential for **collaborative** research, may the company pay travel expenses and an **honorarium**?

If the physician is providing genuine services, reasonable compensation for time and travel expenses can be given. However, token advisory or consulting arrangements cannot be used to justify compensation.

(c) May a company hold a sweepstakes for physicians in which five entrants receive a trip to the **Virgin** islands or airfare to the medical meeting of their choice?

No. The use of a sweepstakes or raffle to deliver a gift does not affect the **permissibility** of the gift. Since the sweepstakes is not open to the public, the guidelines apply in full force.

(d) If a company convenes a group of physicians to recruit clinical investigators or convenes a group of clinical investigators for a meeting to discuss their results, may the company pay for their travel expenses?

Expenses may be paid if the meetings serve a genuine research purpose. One guide to their propriety would be whether the NIH conducts similar meetings when it sponsors multi-center clinical trials. When travel subsidies are acceptable, the guidelines emphasize that they be used to pay only for "reasonable" expenses. The reasonableness of expenses would depend on a number of considerations. For example, meetings are likely to be problematic if overseas locations are used for exclusively domestic investigators. It would be inappropriate to pay for recreation or entertainment beyond the kind of modest hospitality described in this guideline.

(e) How can a physician tell whether there is a "genuine research purpose?"

A number of factors can be considered. Signs that a genuine research purpose exists include the facts that there are (1) a valid study protocol, (2) recruitment of physicians with appropriate qualifications or expertise, and (3) recruitment of an appropriate number of physicians in light of the number of study participants needed for statistical evaluation.

(f) May a company compensate physicians for their time and travel expenses when they participate in focus groups?

Yes. As long as the focus groups serve a genuine and exclusive research purpose and are not used for promotional purposes, physicians may be compensated for time and travel expenses. The number of physicians used in a particular **focus** group or in multiple focus groups should be an appropriate size to accomplish the research purpose, but no larger.

(g) Do the restrictions on travel, lodging and meals apply to educational programs run by medical schools, professional societies or other accredited organizations which are funded by industry, or do they apply only to programs developed and run by industry?

The restrictions apply to all conferences or meetings which are funded by industry. The Council drew no distinction on the basis of the organizer of the conference or meeting. The Council felt that the gift of travel expenses is too substantial even when the conference is run by a non-industry sponsor. (Industry includes all "proprietary **health**-related entities that might create a conflict of interest" as recommended by the American Academy of Family Physicians.)

(h) May company funds be used for travel expenses and honoraria for bona fide faculty at educational meetings?

This guideline draws a distinction between attendees and faculty. As was stated, "[i]t is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses."

Companies need to be mindful of the guidelines of the Accreditation Council on Continuing Medical Education

According to those guidelines, “[f]unds from a commercial source should be in the form of an educational grant made payable to the CME sponsor for the support of programming.”

(i) May travel expenses be reimbursed for physicians presenting a poster or a “free paper” at a scientific conference?

Reimbursement may be accepted only by bona fide faculty. The presentation of a poster or a free paper does not by itself qualify a person as a member of the conference faculty for purposes of these guidelines.

(j) When a professional association schedules a long-range planning meeting, is it appropriate for industry to subsidize the travel expenses of the meeting participants?

The guidelines are designed to deal with gifts from industry which affect, or **could appear to affect the judgment of** individual practicing physicians. In general, a professional society should make its own judgment about **gifts** from industry to the society itself.

(k) May continuing medical education conferences be held in the Bahamas, Europe or South America?

There are no restrictions on the location of conferences as long as the attendees are paying their own travel expenses.

(l) May travel expenses be accepted by physicians who are being trained as speakers or faculty for educational conferences and meetings?

In general, no. If a physician is presenting as an independent expert at a CME event both the training and its reimbursement raise questions about independence. In addition, the training is a gift because the physician's role is generally more analogous to that of an attendee than a participant. Speaker training sessions can be distinguished from meetings (See 4b) with leading researchers, sponsored by a company, designed primarily for an exchange of information about important developments or treatments, including the sponsor's own research, for which reimbursement for travel may be appropriate.

(m) What kinds of social events during conferences and meetings may be subsidized by industry?

Social events should satisfy three criteria. First, the value of the event to the physician should be modest. Second, the event should facilitate discussion among attendees and/or discussion between attendees and faculty. Third, the educational part of the conference should account for a substantial majority of the total time accounted for by the educational activities and social events together. Events that would be viewed (as in the succeeding question) as lavish or expensive should be avoided. But modest social activities that are not elaborate or unusual are permissible, e.g., inexpensive boat rides, barbecues, entertainment that draws on the local performers. In general, any such events which are a part of the conference program should be open to all registrants.

(n) May a company rent an expensive entertainment complex for an evening during a medical conference and invite the physicians attending the conference?

No. The guidelines permit only modest hospitality.

(o) If physicians attending a conference engage in interactive exchange, may their travel expenses be paid by industry?

No. Mere interactive exchange would not constitute genuine consulting services.

(p) If a company schedules a conference and provides meals for the attendees that fall within the guidelines, may the company also pay for the costs of the meals for spouses?

If a meal falls within the guidelines, then the **physician's** spouse may be included

(q) May companies donate funds to sponsor a professional society's charity golf tournament?

Yes. But it is sensible if physicians who play in the tournament make some contribution themselves to the event

(r) If a company invites a group of consultants to a meeting and a consultant brings a spouse, may the company pay the costs of lodging or meals of the spouse? Does it matter if the meal is part of the program for the consultants?

Since the costs of having a spouse snare a hotel room or join a modest meal are nominal, it is permissible for the company to subsidize those costs. However, if the total subsidies become substantial, then they become unacceptable.

Guideline 5:

Scholarships or other special funds to permit medical students, residents and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents or fellows who **will receive the funds is made by the academic or training institution.**

(a) When a company subsidizes the travel expenses of residents to an appropriately selected conference, may the residents receive the subsidy directly from the company?

Funds for scholarships or other special funds should be given to the academic departments or the accredited sponsor of the conference. The disbursement of funds can then be made by the departments or the conference sponsor.

(b) What is meant by “carefully selected educational conferences?”

The intent of Guideline 5 is to ensure that financial hardship does not prevent students, residents and fellows from attending major educational conferences. For example, we did not want to deny cardiology fellows the opportunity to attend the annual scientific meeting of the American College of Cardiology or orthopedic surgery residents the opportunity to attend the annual scientific meeting of the American Academy of Orthopaedic Surgeons. However, it was not the intent of the guideline to permit reimbursement of travel expenses in other circumstances, such as when conferences or symposia are designed specifically for students, residents or fellows.

Accordingly, "carefully selected educational conferences" should be interpreted as follows: funds may be used for the reasonable travel and lodging expenses of students, residents and fellows to attend the major educational, scientific or policymaking meetings of national, regional or specialty medical associations.

The Council recognizes that there may be some exceptional conferences for all physicians or even for just students, residents, or fellows that do not fall within this definition of carefully selected educational conferences but that meet the spirit of Guideline 5. Accordingly, the Council will consider proposals for travel and lodging subsidies for such conferences on a case-by-case basis and grant approval to those that meet the spirit of the guidelines.

Guideline 6:

No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods and materials should belong to the organizers of the conferences or lectures.

(a) May companies send their top prescribers, purchasers, or referrers on cruises?

No. There can be no link between prescribing or referring patterns and gifts. In addition, travel expenses, including cruises, are not permissible.

(b) May the funding company itself develop the complete educational program that is sponsored by an accredited continuing medical education sponsor?

No. The funding company may finance the development of the program through its grant to the sponsor, but the accredited sponsor must have responsibility and control over the content and faculty of conferences, meetings, or lectures. Neither the funding company nor an independent consulting firm should develop the complete educational program for approval by the accredited sponsor.

(c) How much input may a funding company have in the development of a conference, meeting, or lectures?

The guidelines of the Accreditation Council on Continuing Medical Education on commercial support of continuing medical education address this question.

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IV. CME ACCREDITATION STANDARDS FOR PHYSICIANS

A. American Medical Association Physicians Recognition Award Booklet and Web Address

B. American Osteopathic Association CME Guide and Web Address

C. ACCME Essentials and Guidelines for Accreditation of Sponsors of CME and Web Address

1. Standards for Commercial Support of Continuing Medical Education

V. Terminology

ABLS	Advanced Burn Life Support
ACCME	Accreditation Council for Continuing Medical Education
ACLS	Advanced Cardiac Life Support
AMA	American Medical Association
AOA	American Osteopathic Association
ATLS	Advanced Trauma Life Support
BUMED	Bureau of Medicine and Surgery
CME	Continuing Medical Education
co	Commanding Officer
Cv	Curriculum Vitae
DO	Doctor of Osteopathy
NSHS	Naval School of Health Sciences
IG	Inspector General
MC	Medical Corps
MD	Doctor of Medicine
MTN	Military Training Network at the Uniformed Services University of the Health Sciences
OIC	Officer In Charge
PALS	Pediatric Advanced Life Support
PRA	Physician's Recognition Award (AMA Guidelines)
QAI	Quality Assessment / Improvement
SSN	Social Security Number
USUHS	Uniformed Services University of the Health Sciences

VI. RESOURCE DOCUMENTS

- A. DoD Directive 5500.7 "Standards of Conduct"
- B. DoD Directive 6000.8 "Funding and Administration of Clinical Investigation Programs"
- C. SECNAV Instruction 4001.2G "Acceptance of Gifts"
- D. Manual of the Medical Department, Chapter (2) "Medical Corps"
- E. BUMED Instruction 1520.34A "Continuing Education Programs for Medical Corps and Nurse Corps Officers"
- F. BUMED Instruction 4001.4A "Acceptance of Gifts"
- G. NSHS Instruction 5450.1V "Organizational Manual for the Naval School of Health Sciences"